

Hellendoorn Healthcare Limited

North Bay Home Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place 25th January 2016 and was unannounced. We spoke with people about their experiences of the service on 4th February 2016.

North Bay Home Care provides personal care support to approximately 11 people living in their own homes.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and secure when care staff visited them. There were systems in place to reduce the risks to people and action was taken to protect them from avoidable harm.

The service had in place robust recruitment procedures which ensured that staff had the appropriate skills, background and qualifications for the role. There were enough suitably trained and supported staff available to meet the needs of the people using the service.

Staff told us that the training they were provided with was sufficient to enable them to perform their role well. They told us they felt well supported by the management of the service.

The service was complying with the requirements of the Mental Capacity Act (2005) and appropriate assessments of people's capacity had been undertaken where required. Staff understood consent and people told us that staff enabled them to make choices in their lives.

People spoke positively about the care and support they received from the service. People and their relatives told us they had input into the planning of their care and support. Care staff demonstrated they had a good knowledge of the people they were supporting.

There were robust systems in place to monitor the quality of the service and to identify shortfalls or areas for improvement. Staff told us there was an open culture at the service. People using the service, their relatives and care staff were given the opportunity to express their views and these were acted on by the service. There was a complaints procedure in place and people told us they knew how to make a complaint if they weren't happy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough care staff to meet people's needs.
Recruitment procedures were robust.

Risks to people's safety were planned for, monitored and well managed by the service.

Is the service effective?

Good ●

The service was effective.

Care staff received appropriate training, support and development which enabled them to meet people's needs effectively.

People who required support with meals were provided with a range of food and drinks which met their nutritional needs.

Consent was obtained appropriately. Care staff and the registered manager complied with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People told us that care staff treated them in a kind, caring and respectful manner.

People formed close bonds with the care staff and spoke positively of them.

Is the service responsive?

Good ●

The service was responsive.

People received care which was planned and delivered in line with their personalised care plans. People and other professionals had input in the planning of their care where appropriate.

People and their relatives were supported to give feedback on the service and suggest areas for improvement.

There was a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There was an effective system in place to monitor the quality of the service and identify shortfalls.

There was an open and inclusive culture in the service, with care staff, people, relatives and other external professionals encouraged to help improve the service provided to people.

North Bay Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 January 2016 and was unannounced. The inspection was undertaken by one inspector. We spoke with five people using the service and their relatives on 4th February 2016.

Before the inspection we reviewed information we held about the service, such as notifications and information sent to us from other stakeholders, for example, the local authority and members of the public.

We spoke with the registered manager, the provider and two care staff. We looked at records in relation to seven people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People we spoke with and their relatives were positive about the care and support provided to them. They told us they felt safe when care staff visited them. One said, "Oh it's very good, I feel totally safe, in very good hands." Another person commented, "Very well cared for, they're helpful and do what they need to." A relative said, "[Relative] feels reassured knowing staff will visit and this makes [relative] feel safe."

Care staff were able to tell us about the safeguarding processes in place at the service and what they would do if they had a concern. Staff also demonstrated they knew how to identify risk and would know what action to take if they were concerned about someone's safety.

There were a set of risk assessments in place for each person using the service. These assessed all the risks to the person, including the risks in and around their home and the risks when being provided with care. There was clear and concise information available for staff to instruct them on how to minimise the risks to people. We saw that these risk assessments were reviewed regularly with the person to ensure they remained accurate. Staff told us about how they minimised the risks to people and how they ensured people's home environment continued to be safe.

There were enough care staff to meet people's needs and to ensure all planned visits were fulfilled. One person told us, "They've never missed a visit. Occasionally a couple of minutes late but usually very prompt." Another person said, "No missed calls. Very reliable." A relative commented, "They haven't ever let [relative] down, they always turn up." Staff told us that they didn't struggle to fulfil people's visits and that they had adequate time between visits to allow for travel between people's homes. They told us they didn't feel as if they had to rush when they were supporting someone and that they could take their time to make sure they received the support they required. People using the service confirmed this. One said, "I can take my time, they're not rushing me around to get gone." Another commented, "You know, they give me the time I need. They always stay as long as they're supposed to. Even if I'm all finished up they will just stay for a chat."

Appropriate recruitment systems were in place to ensure that care staff had the appropriate skills, background and qualifications for the role. Appropriate checks were undertaken on prospective care staff. These included checking to ensure they did not have any relevant criminal convictions which would make them unsuitable for the role.

People told us they received their medicines as prescribed. One person said, "They give me my tablets when they come round. I've never missed any." Another person told us, "I prefer them to sort my medicines. I always get them on time." There were systems in place to ensure that medicines were managed and administered safely in people's homes. Random checks were carried out on the medicines administration records (MAR) kept in people's homes to ensure they were receiving their medicines as required.

Is the service effective?

Our findings

People told us that care staff had the skills and knowledge to support them effectively. One person said, "On the surface they seem to know it all. I've no reason to think they don't." Another person told us, "I'm more than confident in their ability." A relative commented, "They're excellent staff so the training must be working."

Care staff told us they felt the training was sufficient to provide them with the skills and knowledge required to meet people's needs. They said they felt able to suggest training they would benefit from, and told us of examples when they had been granted further training. For example, one staff member was completing a National Vocational Qualification (NVQ) level 5 with support from the manager and provider. Staff told us they had training in subjects such as safeguarding, Mental Capacity Act 2005 (MCA), the Deprivation of Liberty Safeguards (DoLS), first aid and diabetes. Staff were able to demonstrate a good knowledge of the subjects they told us they had received training in.

Care staff told us they had access to regular supervision and appraisal with their manager, where they could discuss development within their role. This was confirmed by records of previous supervisions where we could see that training and development was discussed at every session. This told us that care staff were appropriately trained and supported to meet people's needs effectively.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

We checked whether the service was working within the principles of the MCA.

People told us that staff supported them to make decisions and acted upon their wishes. One person said, "Nothing is done without my say so, it's up to me." Another person told us, "They always give me choices. Food, what I wear, what I want help with. Always asking what I want." One other person commented, "I feel in control and like to make my own decisions." A relative said, "When I see staff tending to [relative] they seem respectful of what they want." Care staff, the manager and the provider demonstrated a good knowledge of the principles of the MCA and how this was relevant to the people they provided support to.

People told us they received the support they required to prepare and eat their meals. One person said, "They make my lunch for me. Ask what I want and they get it made." Another person told us, "They're very helpful. Always make sure I've got something to eat and drink before they have to get off." A relative said, "[Relative] does have help with their meals sometimes. The staff are really good and let us know if [relative] is getting low on anything too." People's care records clearly set out what support people required to maintain good nutrition and hydration. Staff demonstrated a good knowledge of how to identify the signs of people not eating and drinking enough. This told us that people were supported to maintain healthy nutrition and hydration.

Where people required it, the service sought healthcare advice and support for them from external professionals such as GP's or dieticians. Care staff understood when it would be appropriate to report concerns about someone's health and what action they should take if they were concerned someone was becoming unwell. Records confirmed that the service kept up to date with people's health. The service kept informed of any changes in people's medical needs through regular reviews and discussions with people. Records confirmed that where care staff had raised concerns about people's health, contact with other health professionals had been made with the agreement of the person and their family.

Is the service caring?

Our findings

People and their relatives made positive comments about the staff who came to support them. One person said, "They always come with a smile. They have a lovely manner." Another person told us, "Very kind, courteous. Nice people." Another person commented, "Truly caring, definitely." A relative said, "The staff are very kind and caring, not only to my [relative] but also to me and my family. They take a genuine interest in what's going on in all our lives."

People and their relatives told us that care staff upheld their dignity and respect and encouraged their independence. One person said, "They know what I need but they will let me do the bits I can do." Another person commented, "I'm a very proud [person], I don't like to need too much help but the staff do make me feel like I've still some dignity left. They do certainly respect me and my wishes." A relative told us, "The staff respect [relative] and [family]. They don't make [relative] feel silly or incapable."

People and their relatives told us they were involved in the assessment of their care and support. One person said, "They visit regularly to talk about my [care plans] and check whether I need anything else." Another person told us, "Most months they come round and look at my plans and see if it's still ok." A relative said, "They invite us to meetings with [relative] regularly. We have a general chat about how it's going and whether there needs to be any changes to their package [of care]." People had a copy of their care records in their home and told us they were aware of the care and support planned for them.

Is the service responsive?

Our findings

Records confirmed that detailed assessments of people's needs were carried out in conjunction with people and their relatives prior to the service providing care to them. One person who had recently begun using the service confirmed this process saying, "They came round really quick after [relative] contacted them. I was a bit nervous but they put me at ease, we talked about what I needed help with and they said what they could do." Records confirmed that this assessment included assessing the person's mobility, capacity to consent and ability to undertake tasks such as personal care or preparing meals.

There were a set of comprehensive care records in place for people using the service. These provided care staff with the information they required to appropriately meet people's needs. Staff told us they found these records, "Useful," and commented that, "They are always kept up to date." People told us they had a copy of their care records and that staff did look at these when they came to visit. One said, "I do see the staff look, just in case something changed I suppose."

People's care records were personalised to include their preferences with regard to how they wanted their care delivered and by whom. For example, care records included information about their hobbies and interests, likes and dislikes and if they had a preference for male or female care staff. There was also information about their daily routines, such as when they liked to wake or go to bed. Staff told us that care visits were scheduled around people's preferences for when they wanted to receive care.

People told us that they knew how to make a complaint. One person said, "They did give me a thing about complaints. I'd know who to tell if I wasn't happy." Another person commented, "I don't think I'll ever need to but I know how to." At the time of our visit the service had not received any complaints.

People and their relatives were given the opportunity to feedback on the quality of the service through a survey of their views, and through regular care reviews. Responses from people were collated and analysed to look for trends in negative feedback. However, the responses received in previous surveys had so far been positive. Another survey of people's views was due to commence shortly after our inspection.

Is the service well-led?

Our findings

People made positive comments about the management of the service. One said, "Everyone's really good. [Provider], manager, they're all helpful and kind." Another person told us, "They are available 24/7, I feel reassured that they will take care of me." A relative commented, "[Service] is really personal, the manager and owner are approachable and always on the end of the phone if you need them."

The manager and provider promoted an honest, open and inclusive culture within the service. Care staff, external health professionals, people using the service and their relatives were encouraged to participate in the developing the quality of the service.

The provider and manager told us they were open to input from external professionals with regard to ensuring the improvement of the service. We were shown records to confirm that they had requested visits from external health professionals to look at the quality of the service and identify areas for improvement. Some minor improvements were suggested and records confirmed that the service was already working on implementing them.

There were regular meetings for care staff where discussions about the service provided to people took place. We looked at the minutes of previous meetings and saw that these were used as an opportunity for open discussions around the quality of the service and to inform staff of changes.

Staff were encouraged during these meetings to raise concerns or talk about problems so that collective ownership of these issues was taken by the entire staff team. One member of staff said, "I wouldn't worry about saying anything. [Provider] and [manager] are very open to anything you say." Another staff member said, "You wouldn't be at risk here if you said something wasn't right. They would listen to what you had to say." Care staff additionally had the opportunity to give feedback through an anonymous annual survey of their views.

The provider and manager told us about how they stayed up to date with best practice and ensured they did not become isolated. They told us they attended a variety of meetings and forums in the local area where best practice and changes to legislation were discussed. This was confirmed by the manager and provider's knowledge of changes in legislation around the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the changes in CQC methodology.

There was a robust quality assurance system in place to ensure the service provided to people was safe and appropriate. The manager told us, and records confirmed, that they carried out regular unannounced spot checks on staff practice when they were delivering care to people. This ensured that any shortfalls in staff knowledge or competency could be identified before they presented a risk to people.

A number of other checks on the service were carried out routinely. These included checks on medicines administration records, daily care notes and care plans. Where issues were identified, we saw that these were acted on by the service.

