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St Margarets Homecare

Harrogate

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

The inspection of St Margarets Homecare took place on 26 November 2015. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

At the last inspection of the service on 20 January 2014 the provider was meeting all of the regulations that were assessed.

St Margarets Homecare is registered to provide personal care to people who live in their own homes. The agency primarily supports people in the Harrogate and Ripon area and surrounding villages.

The registered provider is a partnership of two people, one of whom is the registered manager. 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.

We received some conflicting information from people who used the service and their relatives. While people were satisfied with their care workers they also told us about recent staff changes and lack of staff training for new staff. When we visited the agency office the registered manager confirmed that recent staff difficulties had impacted on the service they offered and it had been a very difficult year. However they were also able to tell us about the management systems which they had put in place to improve the service. For example, they had appointed two senior care workers who were working with them to improve audit system and review and update staff training.

People told us the service was flexible and wherever possible accommodated any changes to their requirements. Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's care plan. Staff said that they would speak with the registered manager if they had any concerns about people's safety and welfare.

Appropriate checks were made as part of the service's recruitment process. Newly appointed staff had undertaken an induction programme and arrangements were in place for staff to complete updated mandatory training on medicines management.

Effective systems were in place to provide staff support including supervision sessions and staff meetings. Staff told us they felt confident in the management of the service and that the providers were approachable and supportive.

Staff liaised with healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing and we found evidence of good collaborative work with the local hospice in relation to people's end of life care needs. People's care plans were reviewed to meet their changing needs and staff

told us they felt well informed about people's needs and how to meet them.

Staff demonstrated a good understanding about the requirements of the Mental Capacity Act 2005 (MCA), which aims to protect people who may not have the capacity to make decisions for themselves.

People told us that they were happy with the care and support they received and that staff were caring and kind and treated them with respect and dignity. When giving their feedback people expressed a strong preference for the care workers with whom they were familiar. Staff said wherever possible they tried to keep a consistent team working with the same people. The registered manager told us that they had introduced a new key worker system to act as the first point of contact for people, families and staff to improve consistency. Staff we spoke with told us how much they enjoyed working for the service and were committed to providing an excellent service for people.

Not everyone who gave us feedback knew about the complaints procedure however people told us they knew how to contact the office if they had any queries. Some people told us that they would speak with family or their social worker in the first instance.

Systems and processes were in place to monitor the service and drive forward improvements. This included planned improvements to the internal audit systems and better ways to gain people's feedback.

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.

The registered manager had appropriate systems in place to assess and manage potential risks to people including the risk of abuse.

Recruitment checks were completed on all new staff prior to their employment to make sure they were suitable. Newly appointed staff shadowed more experienced staff and completed training at the beginning of their employment.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training.

Is the service effective?

Good ●

The service was effective.

Training had been reviewed and arrangements were in place to ensure that staff received updated training in a timely way. Staff were supported through regular supervision sessions and meetings to enable them to carry out their roles effectively.

People were supported to make decisions and to give their consent and the manager was aware of the importance of legislation to support this process.

Staff liaised with healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and respectful and said they had confidence in their regular care workers.

We found evidence of good collaborative work with the local hospice in relation to end of life care.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about the people who they supported. People's care plans were being reviewed and updated and those we saw were detailed and clearly set out people's care preferences.

People could have an individual rota if they wished so that they knew the staff who were supporting them.

Not everyone knew about the complaint procedure however people felt confident that they could contact the service if they had any queries. Some people told us that they would speak with family or with their social worker if they had any problems.

Is the service well-led?

Good ●

The service was well led.

Both partners maintained an active daily presence in the service and one of the partners was the registered manager. Staff told us that both members of the senior management team were supportive.

Staff were clear about their roles and responsibilities and had access to senior staff to guide them. Staff told us that they felt well supported by the management team and said were accessible and approachable.

The office location gave staff ample opportunity to 'pop in' and discuss any issues informally. In addition the recent creation of two senior care worker posts meant that the registered manager had been able to free up some time to enable them to concentrate on quality development and make improvements where needed.

St Margarets Homecare Harrogate

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 26 November 2015. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before we visited we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked for and received a list of names of people who received personal care services so that we could contact them and seek their views.

We reviewed the information we held about the service, which included notifications submitted by the provider, and spoke with the local authority contracts and commissioning team and six social care professionals involved with people's care packages. We also spoke with Healthwatch, which is an organisation that represents the views of local people in how their health and social care services are provided.

During our visit to the agency we spoke with the registered manager and their business partner. We spoke with two office staff who also provided care support hours and with three care workers. We reviewed the questionnaires completed by 17 people who used the service, six relatives and a community professional and have incorporated their responses into our report. We checked care records and associated medicine records for three people who used the service as well as staff recruitment and training files for four staff. We reviewed management records including the staff training planner, the staff supervision file, staff meeting

minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose.

Is the service safe?

Our findings

People told us that they felt safe from abuse or harm from their care and support workers. Comments included, "All my carers are so kind and thoughtful" and "The service I get from St Margarets couldn't be better. Any progress with my health is due to the care and support I get from the carer's team." When asked, staff said that they would seek advice and speak to the registered manager or one of the senior care workers if they had any concerns about people's safety and welfare. One member of staff said, "I discuss [any concerns] with my line manager straightaway."

Policies and procedures were available regarding keeping people safe from abuse and reporting incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. The registered manager told us that they worked closely with the local authority safeguarding team to ensure that the safeguarding process was followed. They showed us the documentation for one person which demonstrated they had used the local safeguarding protocols appropriately when they had identified a safeguarding concern. Staff told us that they received safeguarding training and practice issues were discussed at team meetings and during their supervision sessions. There was also a whistleblowing policy, which told staff how they could raise concerns about any unsafe practice.

People's care records included risk assessments on equipment, medicines, mobility, the environment and emergency arrangements. Environmental safety risk assessments were in place as part of the initial assessment process. This helped to identify any potential risks in the person's home that might pose a hazard to the person who used the service or to staff. The registered manager told us about the action taken to minimise the risks. For example, when staff became aware that a person was failing to manage their gas cooker safely they had raised this issue with the local authority through safeguarding procedures.

The manager told us that staff recruitment and retention had proved particularly difficult over the past year but was hopeful that the situation had improved. They said there was enough staff employed to meet the needs of the people being supported by the service and this was confirmed by the staff we spoke with. Staff told us that people preferred the same care workers to help ensure consistency of care and people told us they liked to receive support from a regular team of staff. Two new senior roles had been created and as part of that role the senior care workers were reviewing the staff rotas. All of the senior staff including the registered manager covered calls in case of staff absence or emergency.

The service had an 'on call' system and staff told us they were able to contact the office at any time. Staff said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of 'normal' working hours. The registered manager explained that they had complete confidence in their staff team but they were also available for advice and support and could be contacted at any time if needed.

We found that appropriate checks were undertaken before staff started work. This included written references, satisfactory police checks, health screening and evidence of the staff member's identity. This helped to ensure that staff were suitable to work with vulnerable people. Both partners maintained a daily

management presence in the service and explained that any areas for concern would always be discussed with staff and appropriate monitoring undertaken as needed.

The service had a policy and procedure for the safe handling and administration of people's medicines. People's risk assessments and care plans included information about the support they required with their medicines and the staff we spoke with had a clear understanding of their role in this aspect of people's care. The manager told us that they sourced external trainers to deliver medicines training and when we visited we saw that training on medicines and record keeping was booked that week. This helped to ensure that staff were provided with up to date and relevant information about the management of medicines.

The service cared for people with complex needs, including people whose oral intake was compromised and who received food and medicines through a percutaneous endoscopic gastronomy (PEG) tube. A PEG allows nutritional support for people who cannot take food orally. Staff had received training on the use of PEG tube management and the manager told us that community nurses had responsibility for the management of care in these cases. This helped to make sure that staff worked within their capabilities and people received safe, consistent care from trained health care professionals. One member of staff told us, "I worked a night at the hospice so that I knew how to care for [name]. We hit it off instantly and have a good relationship."

Is the service effective?

Our findings

People were confident in their regular care workers and said staff had the skills and knowledge to give them the care and support they needed. One person told us, "I am well satisfied with St Margaret's Homecare and because I am happy with my routine with them, my family is also satisfied." Another person said, "The service I get from St Margarets couldn't be better."

In their survey responses 71% of people told us that they received care and support from familiar, consistent care and support workers and would recommend this service to another person. However only 50% of people said their care and support workers arrived on time and stayed for the agreed length of time. People also told us that they thought new carers needed to be better trained before they visited people alone. One person said, "There have been a number of new care workers recently and although most of them are very good, some are not so well trained." When asked about staffing and staff training the registered manager explained that the revised contracting arrangements had posed challenges in regard to the available supply of care workers. This was confirmed by a relative who told us, "We believe carers are generally caring, working under difficult conditions imposed by the system, but as everywhere, individuals differ in their approach."

The registered manager told us about the action they had taken so far to make improvements. One example was the introduction of an electronic system which would mean that office staff could monitor the location of staff and the times and length of calls. All of the senior staff including the registered manager had undertaken home visits to help them understand the routes staff might take and where traffic or other issues might be the cause of delay. Another factor was that the service delivered care into a largely rural area with staff travelling long distances between calls. One member of staff told us that they had an established round in Harrogate and they were able to be quite precise about the times they visited people and were rarely late. They said, "One person tells me they could set the clock by me and if I am five minutes late they know it is because I've been caught by the railway crossing."

When we visited the office the registered manager and senior care workers were reviewing the training programme and we saw that the training records were being transferred onto the electronic system. This would help to ensure that updated staff training could be planned and recorded in a systematic way. The registered manager had a level 5 Diploma in health and social care and two further senior care workers had enrolled to undertake leadership training at this level.

The registered manager told us that people's needs were assessed before they started the service to ensure that the service could make sure care staff had the necessary skills to provide the care that was required. For example, a specialist nutrition company had delivered training on PEG tube management, identifying people who may be at nutritional risk and educating staff about the most appropriate nutritional care to promote people's wellbeing. Staff had also received training from the community nurse team and Macmillan nurses at the local hospice.

Staff told us that they completed an induction period and shadowed more experienced staff before working

alone. One member of staff told us that they had three days training with a senior care worker and had been allowed to build up their round slowly until they felt confident to work unsupervised. One member of staff told us that they had received training in autism, first aid, diabetes and safeguarding in their previous role working with children. Another staff told us they had completed first aid training, dementia awareness, the care and management of diabetes, dignity, mental health awareness and safeguarding. They said, "There is nothing I don't enjoy. I just love it."

Staff received one to one and group supervision sessions with the registered manager. This gave staff the opportunity to share general information about their work and discuss care practice to ensure they were providing consistent care for people who used the service. Staff said that they could raise any issues with the senior care workers or with the registered manager at any time.

The Mental Capacity Act 2005 (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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The registered manager demonstrated a clear understanding about how they involved people in decision making and acting in their best interests. They visited private clients to discuss their requirements before a service was provided and in these cases a contract was signed after a four week trial period to make sure they were happy with the support they received. For people who received public funding the local authority assessed the care package required and agreed the length and costings of each visit. There was evidence of good communication between staff and the registered manager. All of the staff said they would seek further advice if they felt people were not happy with their planned care. Staff told us that they had received information about MCA during their induction training and the staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest.

Staff told us they offered dietary support in preparing or providing meals when needed and they would report to the senior care workers or the registered manager if they had concerns about a person's loss of appetite. One member of staff described how they helped people. They said, "I prepare tea, making sure people have choice and a bit of a chat." Another member of staff told us that they visited approximately 10 people each day and their round consisted mainly of warming up people's food for them in a microwave and serving tea.

The registered manager told us they had a good working relationship with local GPs and the community nursing team. Staff described how they would support someone if they felt they needed medical attention. They clearly understood about the need to pass on information about changes in people's needs. We observed this happen during our visit to the service when staff raised concerns about one person's health with a senior care worker.

Is the service caring?

Our findings

In their survey responses over 94% of people told us that they were happy with the care and support they received from St Margarets Homecare. People said that the care and support they received helped them to be as independent as they could be and that staff were caring and kind. 89% said that staff always treated them with respect and dignity. Comments we received included "They [the staff] have helped me stay independent and able to live in my own home" and "They are very flexible and seem to always put me first."

People expressed a strong preference for the care workers they knew and with whom they were familiar. However, only 53% of people said that they were always introduced to their care workers before they provided their care and support. The registered manager told us that this was another area they had identified for improvement. They said the new senior care workers were working hard to try and improve staff rotas and information to improve consistency where possible. They explained that they had recently introduced a key worker system so that people with complex care needs would have a named worker who could act as a point of contact for the person who used the service, their relatives and staff.

As part of the key worker role we saw that staff were developing additional information sheets about people's care preferences. These were placed to the front of people's support plans to inform staff about people's likes and dislikes. One example was the use of photographs to show how one person liked their dining table to be set, the amount of water in their kettle and how their mug should be placed. For another person the information included a reminder to staff to collect their newspaper from the end of the drive before visiting. One member of staff said it was those small touches that meant a lot to people.

The staff we spoke with were knowledgeable about people's care needs, preferences and personal histories. One staff member told us, "I love the work." Another staff member said, "It's a wonderful feeling to know you have made someone feel comfortable and cared about."

The service was working with local health care professionals to provide care for people approaching end of life. We spoke with one member of staff who had provided intensive support for one person who had a life limiting illness. They explained that they had received training at the local hospice in order to be able to provide this person's care to a good standard. This had given them the opportunity to meet the person before they provided care and to ensure that the person felt comfortable and confident with them and with the service they could offer. They said that they had developed a good rapport with both the person and their family and was guided in their work by checking the person's physical responses and eye contact. They said, "I wish I had done this [care work] years ago, I just love it." The registered manager told us this was an aspect of work that they wanted to develop and was looking to access further staff training in end of life care.

Is the service responsive?

Our findings

People told us that the service involved them in decision making about their care and support needs. The manager explained they carried out a detailed assessment of people's needs, before they started the service, to ensure the service had the skills and capacity to provide the care that was needed. Assessments included information about people's physical health and personal care needs. Each record contained detailed information about the person and how they wanted to be cared for. This assessment formed the basis of a more detailed plan of care, which we saw was in the process of being reviewed and updated. The care plans we saw were person centred and provided good detail to assist staff to provide consistent care that met people's care needs and preferences.

People told us that they were consulted about their care and support and people's care records confirmed this was the case. They said they had regular reviews, and changes to the care plan were agreed and records amended accordingly. Relatives commented that staffing changes had impacted on the continuity of care that their family member experienced but they said that they felt things were gradually improving. This was confirmed by care workers who said that recent changes to the office team were working well and that senior staff were supportive. One staff said, "I always check with people about what they want me to do even though they tend to follow the same routine."

During our visit to the office we observed good communication between staff in relation to people's welfare and changes to care needs. The staff we spoke with had a good understanding of people's life history including their goals, skills, abilities and how they preferred to manage their health. Staff told us that they thought that they were getting better at recording people's care preferences which they thought would improve staff confidence and people's level of satisfaction with the care they received. One new member of staff told us that they had the opportunity to look through a person's file so that they knew all the things they needed to know about a person before they started to provide care. Another member of staff told us that they built up their round slowly, which helped them to get to know the person and what support they needed.

Not all of the people who responded to us in their surveys knew about how to make a complaint. However everyone without exception confirmed that they knew how to contact the office and several people told us if they had any concerns they would raise these with a family member or with their social worker. Staff meeting minutes showed that staff were reminded of the need to be vigilant for changes in people's behaviour which might need further investigation. The registered manager explained that they spoke to people who used the service and their relatives all the time and tried whenever possible to deal with any small issues before they became a complaint. One member of staff said, "We are in regular contact with clients and some people like to have a sheet of who is going to visit them."

Staff were provided with 'feedback questionnaires' and the importance of teamwork was reinforced through staff supervision sessions and in staff meetings. The registered manager told us that families were encouraged to keep in touch and to let the office know if there were any issues or concerns so that the registered manager could take action. We looked at a complaint raised with us by one person and found

that the registered manager had known of the issue and had dealt effectively with the concerns they had raised.

Is the service well-led?

Our findings

In survey responses people told us that they knew who to contact in the service if they needed to and felt that the information they received was clear and easy to understand. Only 25% of people who responded felt that they had been asked directly by the service to comment about the care and support provided. They told us that the recent change to the local authority contracting arrangements had had an adverse impact on the continuity of care that they had enjoyed previously, but they also said that they felt that things were gradually improving.

The registered provider is a partnership of two people, one of whom is the registered manager. Both partners maintained an active role in the management of the service and provided a daily presence in the agency office. The registered manager told us that recent staffing difficulties had impacted on some of their management tasks and that they had prioritised people's care visits during this period. They explained that the service had undergone some changes within the organisation. For example, they had created two new senior care worker roles both of whom were currently undertaking leadership training. The introduction of these roles had given the management team the opportunity to develop and improve the service.

We saw examples of improvements during our visit which included more detailed care planning and staff training. All of the staff we spoke with told us that the managers were actively involved in the service and were very supportive. A member of staff told us, "It is a good company to work for." Another staff member said, "There is always someone on call if I am worried about anything. I contact the office all the time, they don't mind." One member of staff said they had arrived at a call to find one person clearly unwell and had telephoned the office immediately and was supported to take the appropriate action."

The registered manager also provided direct support and explained that they knew people well and could step in if care workers were taking leave or were unwell. One staff member said, "We can always rely on [the providers]. Staff said they were kept informed of any changes to the service provided or the needs of the people they were supporting. Staff received regular support and advice from the registered manager and senior care workers through telephone calls, texts and face to face meetings. Staff felt the registered manager was available if they had any concerns.

The registered manager and staff we spoke with told us there was a culture of learning from incidents, complaints and mistakes and using that learning to improve the service. When we visited the registered manager was completing routine audits and we saw evidence that any shortfalls were rectified in a timely manner. The registered manager told us if issues were identified extra staff training and support was provided. They explained that the new electronic system being introduced would evidence any late or missed calls and this information would be included as part of the audit system. Senior care workers explained that as part of their role they would be undertaking some of the management tasks in consultation with the registered manager, including routine spot checks and audits.

All of the staff without exception told us they felt communication between managers and other staff was

good and staff worked together well as a team. The office location allowed staff to 'pop in' frequently and staff meetings were held to allow new routines to be discussed. The registered manager talked to us about the importance of valuing staff. They appreciated how hard staff worked and tried to recognise this. One example was the forthcoming staff Christmas dinner which was being held at a local hotel.

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required.