Northumberland County Council

Homecare North

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

Overall summary

This inspection took place on 18, 19 and 23 March 2015 and was announced. This was the first inspection of the service that was registered with the Care Quality Commission (CQC) in March 2014.

Homecare North is a short term support service providing domiciliary care and support to people in their own homes, often following hospital discharge. It is registered to deliver personal care. At the time of the inspection the service manager told us they supported around 20 people over the wider rural area of north Northumberland. She said this number fluctuated regularly depending on when people were discharged from hospital.

A new registered manager was in the process of making an application to register with the CQC at the time of our inspection. 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The day to day running of the location was carried out by a service manager, who would report to the registered manager.

People told us they felt safe when care staff were supporting them with personal care and other matters. They told us care workers were very helpful and they looked forward to them visiting. Staff told us they had received training in relation to safeguarding adults and would report any concerns. Processes were in place to recruit staff and to carry out checks to ensure they were suitably experienced and were of good character to work with potentially vulnerable people. People told us staff attended appointments within prescribed time slots and there were no late calls or missed appointments.

The provider had in place plans to deal with emergency situations and an out of hours on-call system, manned by senior staff. The service also had access to four wheel drive vehicles in the event of adverse weather.

There was no one receiving support with their medicines at the time of our inspection, although the service manager said this type of support was available. Previous care records indicated that appropriate processes were followed when dealing with medicines and staff confirmed they had received training in the safe handling of medicines.

People told us staff had the right skills to support their care. Staff said they received training and there was a system in place to ensure this was updated on a regular basis. Staff told us they received regular supervision and appraisals. Documents we saw supported this. Staff were aware of the Mental Capacity Act 2005 and issues relating to personal choice and best interests. The service manager confirmed that no one using the service was subject to restrictions imposed by the Court of Protection. People said they were supported by care staff to maintain appropriate intake of food and drinks.

People told us they found staff caring and supportive. They said their privacy and dignity was respected during the delivery of personal care and support. People were also supported to maintain their well-being, as staff worked with district nurses, general practitioners or therapists, who they told us they contacted, if they were concerned about people.

People's needs were assessed and care plans detailed the type of support they should receive. Care plans contained goals that people wished to achieve and these were reviewed and updated as support progressed. The service manager told us there had been no formal complaints in the last 12 months. People told us they were happy with the care provided and they had no complaints about the service.

The provider had in place systems to effectively manage the service and monitor quality. Regular spots checks took place to review care provision and ensure people were receiving appropriate levels of care. People were also contacted to solicit their views of the service. Staff told us there were regular meetings and information was provided to ensure they were up to date about any changes in care. Records were up to date and stored securely.

Summary of findings

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.

People told us they felt safe when staff supported them with care needs. Staff had received training in relation to safeguarding adults and would report any concerns. Risk assessments were in place regarding the risks around delivering care in people's own homes.

Appropriate recruitment systems were in place to ensure staff were suitably experienced and qualified to provide care. People told us there were enough staff and there were no missed appointments.

Plans were in place to deal with emergency or untoward situations. Systems were in place to manage people's medicines effectively.

Is the service effective?

Good

The service was effective.

People told us staff had the skills required to support their care. Staff confirmed they received regular training and development and there was a system in place to ensure this was up to date. Staff received regular supervision and appraisals.

Staff were aware of the Mental Capacity Act 2005 and issues relating to personal choice and best interests. The service manager confirmed that no one using the service was subject to restrictions imposed by the Court of Protection.

People told us staff supported them to access sufficient food and drink to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care and support they received from the care workers. People said care staff were flexible in their approach to support.

People's wellbeing was monitored and staff told us they would contact health professionals if they were concerned. Other health professionals confirmed that the service was responsive to people's needs and they were made aware of any health issues.

People confirmed they were supported to maintain and improve their independence as part of the care delivered.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care plans were in place which identified the goals people wished to achieve. Care plans and care delivery was adapted as people's needs changed.

Summary of findings

People told us they valued the contact they had with care staff and said they were always positive in their approach. Staff said they always tried to make time for people and could extend the time they spent with them, if necessary.

There had been no formal complaints received by the provider in the last 12 months and people told us they had no concerns about the service. We saw a number of compliments had been received by the service.

Is the service well-led?

Good

The service was well led.

The service manager and her senior staff undertook a range of checks to ensure people's care was monitored. People confirmed checks were undertaken by supervisors. People were asked for their views of the service through the use of questionnaires.

Staff told us they enjoyed their jobs and were well supported by the service manager. They told us they worked well as a team and the atmosphere in the service was supportive.

There were regular meetings to ensure staff were up to date about care and service issues. There were also wider management meetings to share good practice.

Homecare North

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 18, 19 and 23 March 2015 and was announced. 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 present at the service offices.

The inspection team consisted of an adult social care inspector.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We visited five people in their own homes to obtain their views on the care and support they received. We also spoke with a care manager, a district nurse and a consultant physician about their perceptions of the care provided by the service. We interviewed four staff members, a supervisor and the service manager for the service. The registered manager for the service was not available at the time of the inspection. Office based staff showed and explained electronic recording and scheduling systems used by the service.

We reviewed a range of documents and records including; five care records for people who used the service, five records of staff employed at the home, duty rotas, complaints records and accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

People we visited told us they felt safe when receiving care and support. Comments from people included, "I feel very safe, truly. It is such a relief to me"; "It's always the same girls rotating. I feel safe with them all" and "Safe? I feel very safe." Staff told us they had received training in relation to safeguarding and were able to identify potential areas of abuse. All the staff understood the need to protect people who were potentially vulnerable and report any concerns. Staff told us they would immediately report any concerns to their manager and were aware of the role of the local authority safeguarding adults team.

Care records contained copies of risk assessments looking at issues related to delivering care in people's homes. Risk assessments covered such areas as trips and falls in the home, untoward incidents, infection control and lone working by staff.

The service manager told us they currently employed 20 care workers in the service, who were split into three teams, although teams would support each other and work across the patch as service needs demanded. In addition, the service also employed occupational therapists and physiotherapists to provide assessments of need and support planning and delivery of care. People told us staff always attended appointments within prescribed time slots and there were few, if any, missed appointments. The service manager told us the service had not had any recent missed appointments. Staff told us they felt there were enough of them to provide cover, although it could be busy at times of high demand.

The provider had in place a recruitment policy and procedure. Staff personal files indicated an appropriate recruitment process had been followed. We saw evidence of an application being made, references received, one of which was from the previous employer, Disclosure and Barring Service (DBS) checks being undertaken and proof of identity obtained. Staff confirmed they were not able to start work until appropriate checks had been undertaken.

Staff told us that senior members of staff were on call throughout the operating hours of the service and could be contacted for help and advice. Staff said they had no problems accessing help and advice when they needed it. The service manager told us managers across all the services providing short term support provided a further level of cover through a senior manager on call rota system. The service manager told us they had a continuity plan for bad weather and would identify those people who used the service who were at most risk and prioritise calls to these people. She said they would also work with the local district nursing service to provide a combined cover option. She said the service also had access to a 4x4 vehicle to support them maintain access in heavy snow.

The service manager told us the service was not currently supporting anyone with medication, although they did provide this service and had offered this support in the past. We looked at care records of a person who had received medicines support in the past, but no longer used the service. We found that support with medicines was included in their care plan and that medication administration records (MARs) were complete and contained details of the actual medication to be given, the time it should be given and the administration route. Staff we spoke with were able to describe how they would support people with their medicines and told us they had received training in relation to the safe handling of medicines. Records confirmed this. The service manager told us MARs were renewed weekly to ensure they were up to date and reviewed when the care ended, to ensure they were complete and review any issues or omissions.

Good

Is the service effective?

Our findings

People told us staff who cared for them were knowledgeable about their condition(s) and circumstances and had the right skills to support them. Comments included, "They are all very nice and very helpful" and "It's a small group of girls who come and they all know what to do." Another person told us, "They know their limitations and know what they can and cannot do."

Staff told us they had access to a range of training and could ask for additional training, if they felt it was necessary. One staff member told us, "You get plenty of training. If you want something extra you can ask for it." Another member of the care staff said, "We are always training; which is good. Things change and you need to keep up to date." The service manager confirmed there was a regular training programme in place. She said some staff were employed by the local authority and a small number of staff were employed through the local health Trust. She said that whilst training systems differed, all the mandatory subject areas required by the service were covered. We saw copies of training schedules and records for both sets of staff and saw that all training was up to date, or refresher courses planned. We also saw training that required updating in the next few months was highlighted. Training was delivered by a range of methods including on-line and face to face sessions.

Staff told us they received regular supervision and annual appraisals. We saw copies of documents related to supervision in staff records. The service manager told us therapy staff employed within the service had access to professional support and clinical supervision specific to their clinical background.

People told us communications between the service and themselves was good. They said they rarely needed to contact the service office, but if they did they were always responded to appropriately. People told us the service was explained to them before support commenced and information about the service was available in their care records folder. Clinical staff we spoke with from outside the service told us communication with the service was good and there were regular meetings to discuss current or future care needs.

The service manager told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation. She told us this rarely occurred due to the short term nature of the service. Staff had undertaken, or were booked to receive, training on the MCA. Staff understood the concept of ensuring people should be encouraged to make choices where they had capacity to do so, or to be supported through the best interest decision making process. We saw one care plan where a consent form had been signed by a relative, when the person had been assessed as having full capacity. We spoke with the service manager about this. She said she believed the person may not have been able to physically sign the document but had agreed to the care being delivered.

Care workers told us they always sought permission from people before delivering care. One care worker told us, "I always ask if it is okay to help them." Another staff member said, "We carry consent forms with us, just in case we are delivering care urgently. We have to get their consent before we do anything." People we spoke with confirmed staff checked they were happy for the care to be delivered. One person told us, "They always ask what you want doing and if you are alright with things." We saw people's care records contained consent forms, signed by people to say they agreed to the care package being delivered.

People told us staff supported them to consume adequate food and drink. We saw care plans included actions for staff to prepare meals and drinks and, where necessary, make sandwiches for mealtimes when no care support was being provided.

Good

Is the service caring?

Our findings

People told us they were well supported by the service and thought the staff were caring. Comments from people included, “They are really nice. They really are”; “I am very, very pleased with the service I have received from the care ladies”; “They make time and will help me in any way they can” and “I’m more than happy with the service; I really am. I can’t think of anything that would make it better.”

People told us the approach of the staff was good and they enjoyed the contact they had with staff. One person told us how she looked forward to one particular carer calling at her home because she always left her feeling better. She said, “By the time it comes for her to leave, whatever mood you were in at the beginning, you are feeling so much better.”

People told us they were involved in their care planning throughout the time they were utilising the service. People said they were encouraged to do as much for themselves as possible, to develop their mobility and skills. However, staff were willing to help if they were struggling and would do different things to support them, if the person wanted them to. One person said, “They encourage me to do as much as I can for myself, which is what I’ve asked them to do.” A district nurse told us, “All our patients say they are very happy with the service and find the support good.”

We saw people’s health and wellbeing was supported. People told us they were supported to contact their general practitioner if they were not well, or other health professionals, such as the district nurse. One person told us how a care worker supported her during an appointment with a cardiac nurse, staying longer than the allocated time, until the appointment was completed. One district nurse told us, “They are very good at feedback to the general practitioner or the district nurse if there are any problems or concerns.”

People told us staff respected their privacy and dignity. Staff told us they always knocked on people’s doors, even if they were letting themselves in, and people confirmed this. They talked about maintaining people’s dignity during care delivery, including keeping people covered, ensuring doors were closed and curtains drawn to protect privacy. People also told us care was delivered sensitively to maintain their dignity. One person told us how a care worker waited at her home whilst she had a shower, just in case they had any difficulties. They told us the care worker always stayed outside the bathroom, unless she called her in. People told us, “No one is rough or pulling your dressing gown off. They know I take time to get going in the morning and respect that” and “I don’t feel embarrassed or that my dignity has gone out the window.”

People told us the service helped them to regain their independence after they had been ill or in hospital. One person told us, “They are very positive and encourage you all the time.” Staff told us their main aim was to help people to help themselves, if at all possible. Comments from staff included, “It’s about encouraging them to be as independent as possible and do as much for themselves as they can”; “We try and get them to do it, promote their independence and encourage them. But we are there if they need help” and “We help them to progress. Each day they will do a little bit more and we will do a little bit less.” A consultant we spoke with told us the support the service provided allowed people to be discharged from hospital sooner rather than later and allowed people to get back to their own homes. He said that without the service people may have had to remain in hospital an extra week, before being discharged.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their individual needs. Comments from people included, "Nothing is a bother to them and they will do anything" and "A supervisor called to see how things were. That's when I told her I wasn't coping and she put a lunchtime call in there and then." Professionals told us the service was responsive. One professional told us, "It's not a long wait. Usually they can respond in 24 hours." A consultant told us there had been a slight wait for assessments from occupational therapists and physiotherapists, due to recruitment issues, but this was improving. With regard to the care delivery he said, "They can pick things up the next day. They are very responsive." One person told us, "I was really surprised by the almost instant attention from them."

We saw people had received an assessment of their needs before they received care from the service. People told us this had happened in their own home or in hospital prior to discharge. A district nurse told us the service would provide urgent assessments, if they asked for a referral to be responded to quickly. We saw in people's care records that assessments covered people's health and medical conditions, communication, family and home circumstances and any particular or special requirements related to their condition or circumstances. We saw that from this assessment and information provided via a referral form, or through a multi-disciplinary meeting, a care plan was devised, identifying goals to be achieved and the support required.

Goals identified included helping with personal care and supporting people to become independent in this area, supporting people with catheters or other medical devices and supporting people with meals and drinks. We saw care plans and care delivery was reviewed on a regular basis. People told us supervisors called to assess how they were progressing and revise their care plan, as necessary. One person told us how the number of calls they received were reduced after a few days because they were improving and able to do much more for themselves. Staff told us they would speak to the office if they felt less or more calls were needed, as people progressed. People also told us they were supported to maintain their current lives and contacts through the service being flexible. One person told us how care workers had arranged to call early one day, because she had planned to go out with family.

Staff were aware of the issues related to social isolation and the need to support people who may be living on their own. People told us they valued the time staff spent chatting with them. Comments included, "They always have that little chat and ask you what you are going to do"; "They sit and chat with me whilst I have my breakfast" and "The girls understand me and talk to me about things; my little grievances. They make time for me. I feel they will help me in any way they can."

People told us they were offered a choice during the delivery of their care. People said they were supported to have a choice of meals and to decide what they wanted support with. One person told us, "They always give me a choice. Do I want fresh clothes on or the old ones? They offer me a choice of deodorants." Another person said, "I can choose. If I just want a quick wash with a bowl of water, that's fine."

The service manager told us there had been no official complaints in the last 12 months. People we spoke with told us they knew they could contact the office if they had any concerns, but said they had never had to make a complaint. One person told us, "I've no complaints. I can't understand how anyone would want to complain. It's a wonderful service." A district nurse told us, "I've never had any negative feedback about the service at all."

People told us the transition between hospital services and the support in the community was good and was provided very quickly. One person told us, "When you live alone and are coming out of hospital, it is nice to know there is a service like this."

Good

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager formally registered with the CQC. However, our records showed that a person was in the process of registering with the Commission. It is intended the new registered manager will cover this location and another location delivering similar services elsewhere in the County. She was not available on the day of the inspection. The location had a service manager, who would report to the registered manager and who managed the location on a day to day basis. She supported us during the inspection process.

Staff told us they felt well supported by the management structures in place within the service. They said that if they had any problems they could contact the office or call in after their shift. They said they could also seek advice and support through an on call system. Comments from staff included, "If anything was worrying me I wouldn't have any problems going to speak to them"; "Management are very approachable and have made a huge difference" and "It's a very good team. People are pretty good at smoothing things out. People are flexible and supportive."

Staff told us they felt settled in their roles and enjoyed working for the service. Comments included, "I always feel you give quite a lot. I love seeing people improve"; "I'm happy working here; there is nothing that I would change" and "I love getting people being back to independence. It is very fulfilling." Staff also told us they had plenty of time to undertake the roles required of them. One staff member told us, "Everyone has manageable workloads." A supervisor told us, "It's okay for care workers to spend time with clients. It's not a specific time; it takes as long as it takes."

People told us senior staff called on them to check they were happy with the services and that the care staff were completing the allocated work. The service manager told us care was reviewed at least every two weeks or more often, if necessary. One person told us, "A supervisor came to check everything was alright, but I didn't have anything bad to say about the service."

Staff told us there were regular staff meetings and we saw minutes from these meetings. Staff said they could raise any issues they had with the manager in these meetings. Comments from staff included, "They are open to suggestions about anything that could be done differently" and "They are quite open. You can speak to them about things and they take on board your suggestions."

The service manager told us a range of quality systems and audits were in place and these were monitored by the provider's quality assurance team. She said all medicine charts were audited when they were brought back to the service office. We saw care plans were audited to ensure documentation was complete and up to date. She said there were regular management meetings within the service, and we saw minutes from these. She stated there was also a wider management meeting, of all the service managers across the County, when overarching matters could be dealt with and where lessons learned could be shared around different area teams. Documents we saw confirmed this.

We saw copies of past customer satisfaction surveys for the whole service. Where this was broken down we saw that satisfaction with the Homecare Berwick team was generally around 90%. The service manager told us that satisfaction systems were changing and they were introducing a new survey system called "Two minutes of your time." This was a shorter questionnaire designed to solicit a greater breadth of responses. We also viewed copies of written compliments sent to the service. One person had written, "Thank you all for the kindness, help and support you gave me in the past six weeks. I could not have done without you. I promise you are the best carers in the North east." Another person had written, "Many thanks for your much valued efforts with X. You are all my heroes."

The service manager told us the most challenging part of the job was the unpredictability of referrals and not being able to control the rate of referrals, which depended on when people were coming out of hospital. She said they dealt with this through being creative and working with others. One consultant told us, "We have a very close working relationship."

The service manager felt the key element of the service was that it was person centred and based around client's needs. She said, "They tell us what they want to achieve and we support them to become independent. Sometimes we take it a little further; stay a bit longer to boost people's confidence." She told us one of the most pleasing aspects of the job had been supporting a person to become independent, with the support of their family, when long

Good

Is the service well-led?

term support was originally thought to be required. A consultant told us, “I find it a really positive model in Berwick. It works really well.” A person who used the service told us, “It’s a wonderful system of help.”

The service manager said future plans for the service included a rapid response service. This would be linked to general practitioners, the social care single point of contact and district nursing service, with the aim of providing immediate support for people to prevent hospital admissions. She said this was going to be trialled in the service over the next few months. She also wanted to improve the integration of the service with therapists in the team working closely with care workers, developing and supervising packages of care that could be supported by the care staff.