

N C Homecare Limited

N C Homecare Limited t/a Home Instead Senior Care

Inspection report

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13 May 2016

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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 took place on 12 and 13 May 2016 and was announced. The provider was given a short amount of notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office. N C Homecare provides a personal care service to people living in their own home. On the day of the inspection 44 people were using the service.

The service had a registered manager in post. 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.

During the inspection, office staff were friendly and relaxed. Information we requested was supplied promptly, records were clear, easy to follow and detailed. People, relatives and staff all spoke positively about the service. Comments included, "I have complete trust in all the staff", "I feel very confident about the service and I trust all the staff with my Mum" and "It is an excellent service".

People valued their relationships with staff. People said they felt really well cared for. One person said, "The staff never forget anything". A relative commented, "I am very happy with the service, all the staff are lovely and all very different".

People were supported by staff that encouraged them to remain as independent as possible. Staff knew how to respect people's privacy and dignity.

People told us they felt safe. Staff had undertaken training on safeguarding adults from abuse, and put their knowledge into practice. Where staff had raised alerts the registered provider managed the concerns promptly and where required, conducted thorough investigations to protect people. People were protected by the registered provider's safe recruitment practices. Staff underwent the necessary checks before they started their employment to determine their suitability to work with vulnerable adults.

People were supported by staff that had received the training they needed to meet people's needs. Staff put their training into practice and delivered good care.

People and relatives were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected. People told us staff provided consistent personalised care and support. Staff responded quickly to changes in people's needs, and they communicated changes to those that needed to know.

Risks to people were anticipated, identified and monitored. Staff managed risks effectively and actively supported people's decisions, so they had as much control and independence as possible. Risks were regularly reviewed and updated promptly following any change in a person's needs.

People knew how to raise concerns and make complaints. People and their relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily.

Staff described the management as very open, supportive and approachable. Staff spoke positively about their jobs and were highly motivated.

There were effective quality assurance systems in place. Action was taken to address areas where practice could be enhanced, and as a result, changes had been made to help ensure the service moved forward and continually improved.

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.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff that had a good understanding of how to recognise and report any signs of abuse. Staff acted promptly to protect people.

Medication was managed safely. Staff had undertaken training and were assessed as competent to carry out this role.

Is the service effective?

Good ●

The service was effective.

People were cared for and supported by staff that had the right competencies, knowledge and skills to meet their individual needs.

Staff were knowledgeable about the Mental Capacity Act 2005. They made sure people were involved in decisions about their care and respected people's human and legal rights.

Is the service caring?

Good ●

The service was caring.

People said staff were caring in their approach.

People felt they mattered and they valued the strong positive relationships they had with staff.

Staff respected people's independence, dignity and privacy.

Is the service responsive?

Good 

The service was responsive.

Care records were personalised and focused on people's whole life. Staff had a thorough understanding of how people wanted to be supported.

People had been fully involved in the development and reviewing of their care plans and had agreed with the content.

People were provided with written information about how to make a complaint. People told us they thought any complaints would be properly investigated by the registered provider.

Is the service well-led?

Good 

The service was well-led.

Management were approachable and had clear values that were understood by staff and put into practice.

Staff were motivated to develop and provide good quality care.

Quality assurance systems drove improvements and raised standards of care. New ideas were promoted and implemented regularly to provide a good quality service.

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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.

The inspection took place on 12 and 13 May 2016 and was announced. The provider was given notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office to assist with the inspection. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included notifications we had received. A notification is information about important events which the registered provider is required to send to us by law. We contacted the local authority safeguarding teams who did not identify any areas of concern.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the director, the registered manager and three members of staff. We spoke with four relatives. We also visited two people who used the service, in their own homes and spoke by telephone to one person.

We looked at six people's records that related to their individual care and support needs. Records included support plans, risk assessments and daily monitoring records. We also looked at recruitment files for six staff and records associated with the management of the service, including quality monitoring audits.

Is the service safe?

Our findings

People told us they knew what keeping safe meant and that they felt safe with staff whilst being supported in their own home. Comments included, "I trust the staff that undertake my moving and handling needs, I feel safe with them. They are trained to meet my specific needs". A relative told us "The carers are always putting mums safety first".

Staff had received training in safeguarding, and they recognised the signs of potential abuse. Staff confirmed any signs of suspected abuse were taken seriously, investigated thoroughly and that appropriate alerts had been made to protect people. For example, one staff member talked us through an alert they had made on behalf of a person they supported. They described clearly signs to look for and the different types of abuse. They said they reported their concerns to the registered manager, who promptly made a referral to the local safeguarding team for investigation. The member of staff said, "I would always respond promptly to any safeguarding concern and people's safety always comes first".

Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Checks were carried out with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Staff understood the plans in place to respond to emergencies or unforeseen events. One member of staff explained the process in place for severe adverse weather conditions for example snow and ice. Staff supported people within their own locality and ensured all calls still take place. People and staff had access to on call telephone numbers for the service that were operational seven days a week. This ensured a member of staff was always contactable if needed. A member of staff said, "I can contact the manager or director at any time and I know they will always offer support and advice".

There were sufficient numbers of staff to keep people safe. The registered manager confirmed, staff were matched to support people on an individual basis. This ensured that staff had the right skills, knowledge and experience to meet people's individual needs. The introduction process of staff to people was reported by people to be successful. People we spoke with said care givers were introduced and undertook shadow shifts by an experienced member of their care team. Staff confirmed they visited the same people regularly. They were also trained as back up to support other people in the event of sickness or annual leave. The registered manager regularly reviewed the staffing levels so that people received reliable and consistent care and to help ensure staff were flexible around people's needs. People told us they had regular staff that met their needs.

Prior to providing support to people the registered provider completed a needs assessment and risk assessments for moving and handling, physical health, lone working and the environment. These assessments helped to determine if a person's needs could be safely met by the service. Risk management

plans were in place which detailed the measures staff were required to take to minimise the risk of harm to people and reduce the likelihood of incidents occurring.

Staff understood the importance of safe administration and management of medicines and they had completed the appropriate training. Records showed that all staff responsible for administering medication had undertaken competency assessments which were updated annually. Medication risk assessments were in place for each person receiving support with their medication administration and were reviewed every six months. The registered manager completed monthly medication audits which included a review of the risk assessment and completion of Medication administration records (MARs). The registered provider had medication policies and procedures in place which were in line with nationally recognised guidance and regulation. People told us they received their medication on time.

The registered provider had a range of health and safety policies and procedures which were made available to staff. In addition to this staff were provided with ongoing training in health and safety, fire awareness, prevention and control of infection, first aid and moving and handling. Staff were aware of their responsibilities for ensuring the safety of the people they supported as well as their own safety and for reporting any concerns they had.

The service had personal protective equipment (PPE) which was held at the office and made available to staff on request. Gloves and aprons were worn when undertaking personal care tasks to ensure infection control procedures were followed to keep people safe.

Staff accessed some people's homes by accessing a key via a key safe. Staff stated in the daily records that they had secured the home prior to leaving the property.

Is the service effective?

Our findings

People said they felt well supported. They thought staff were knowledgeable and had the right skills to meet their needs. People told us, "The staff are always on time and stay the full time" and "The staff always complete all the tasks agreed and ask me if they can do anything else". A relative said "My mum loves all the staff visiting and treats them all as friends".

People were supported by staff that had been matched to meet their needs. People told us they liked the staff and enjoyed their visits. One person said that the registered manager responded promptly to remove a member of staff when there had been a personality clash.

People were supported by staff who had the knowledge and skills required to meet their needs. Staff received an induction programme and on-going training to develop their knowledge and skills and records confirmed this. The results of the staff survey undertaken in 2015 stated; 100% of staff reported that their induction prepared them fully for their role. 100% of staff stated they had received or had access to all the training they required to effectively undertake their role. On-going training included topics which the registered provider considered mandatory and it was delivered in a number of different ways, including; internally held courses, online courses and those undertaken by external training providers. Staff told us that the training was good and always interesting. Newly appointed staff, completed the new care certificate. The care certificate is a set of minimum standards that health and social care staff work to within their daily working life. The standards gave staff a good basis from which they could further develop their knowledge and skills. Staff confirmed this during the inspection. New staff shadowed experienced staff until they were deemed as competent in their role.

People told us that new staff were always introduced and undertook shadow shifts to learn their individual routine from an experienced member of staff. People said that they were informed of any staff changes or if staff were running late. People said they received support from regular staff. One person told us she had received support from the same carer for three years. Relative's comments included "My mother has a regular team of three carers and two additional carers to cover for holidays and sickness" and "My mother has two regular carers who understand her and meet her needs well".

Specialist training relevant to people's individual needs included dementia care and end of life care. Staff were required to undertake a knowledge test to assess their competency in relation to all training they had completed. Staff told us they received a lot of training and that they found it very relevant to their role. Staff were supported to achieve nationally recognised vocational qualifications. This helped staff to develop a clear understanding of their specific roles and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the registered provider to increase their skills and obtain further qualifications.

Staff received effective support through regular supervision and annual appraisals. Supervision was a two way process, used as an important resource to support, motivate and develop staff and drive improvements. Staff confirmed supervision took place regularly and they valued this quality time to discuss

their role and any concerns they had. Open conversation provided staff with time to discuss areas of good practice, highlight where support was needed and raise ideas on how the service could improve. Spot checks on staff whilst they were working in the community were undertaken and the views of people who used the service were obtained. Records showed staff practice was observed, completion of records checked and staff attendance monitored. This enabled the registered provider to assess and obtain feedback about staff performance. Discussions with staff took place following spot checks to highlight what went well, areas for improvement and future training and development needs.

People were supported by staff that had good communication skills. People and relatives spoke highly of the ability of staff to communicate effectively. Comments included, "The staff spend time talking to me and this is so important as they may be the only person I see that day" and "The office staff are easy to contact and answer any query I have promptly". A member of staff said "All the office staff are approachable and supportive".

Staff understood and had knowledge of the main principles of the Mental Capacity Act 2005 (MCA). 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. 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. Staff were confident about putting this into practice on a daily basis to help ensure people's human and legal rights were respected. Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people's best interests. The registered manager and staff knew to contact the local authority should they have concerns about a person's ability to consent. Records showed best interests meetings had taken place with the involvement of the local authority. This had been when concerns had been raised by staff following the significant declining mental health of a person due to advancing dementia. A staff member stated, "I ask consent before I undertake any task whether it is personal care or medication. It is important that every person feels included in their care and support". Daily records demonstrated people were offered choice and had control over their own decisions.

People told us that they mostly attended their own health appointments independently or with the support of relatives. However, care plans provided staff with information about people's healthcare needs should staff need to support them. One person told us the service offered them flexibility to request additional calls to be supported to hospital and GP appointments. Staff had supported some people to access healthcare appointments. People's care plans included the contact details of their GP so staff could contact them if they had concerns about a person's health. Staff were confident about what to do if they had concerns about a person's health. Staff told us they would carry out the necessary first aid and call for emergency assistance. We saw records that showed changes in health needs and medication queries. The records showed the actions taken by the staff.

People who required assistance and support to eat and drink had a care plan detailing their specific needs. The plan described the support required at meal times which included the preparation and presentation of meals and the level of assistance required. Records showed staff had completed training in food hygiene and nutrition. Staff said they would seek professional advice and support if they had concerns regarding a person's diet or weight to ensure the person was supported appropriately.

Is the service caring?

Our findings

People described staff as being very caring in nature and felt staff treated them with kindness and respect. Comments included, "All my staff are very kind and extremely helpful" "My carer is fantastic she knows exactly what to do and when to do it" and "The ladies know my needs very well and are very kind and caring". Relatives stated, "All the staff are always caring, respectful and treat [name] with dignity".

Staff had a genuine concern for people's wellbeing. Staff commented that the relationships they had with people helped them recognise any changes in their health needs and they were able to respond quickly to these. People and relatives valued their relationships with staff and the registered manager. A staff member commented that they were working with a person with deteriorating mental health. As they had worked with this person over a number of years they knew the meals they enjoyed and the activities they liked to participate in. They drew from past experiences and their knowledge of the person to ensure this person received continuity of care.

People confirmed that staff respected their privacy and dignity and that staff encouraged them to be as independent as possible. Staff understood the importance of respecting people's own values and upholding what is important to them. One person commented "Staff use the key safe to access the key to my home. They always knock and announce themselves as well" and a staff member said "I always explain what I am going to do before I start". Staff were observed respecting people's privacy and dignity when undertaking tasks within people's own homes. Staff explained what they were about to do and always asked permission before commencing a task.

People were supported by staff who knew their individual communication skills, preferences and abilities. People told us they received care and support from a consistent staff team who understood their history, likes, dislikes and needs. One person said "Staff are like extended family members and they know all about my likes and dislikes. I feel they genuinely care about me".

People were supported to express their views in ways that were meaningful to them and were involved in making decisions about their care and support. People told us they were fully involved in their reviews and had also signed their care plans. This meant people were valued and treated as individuals with an opinion. The registered manager had regular contact with all people who used the service and where appropriate their relatives.

The service offered end of life care and had policies and procedures in place for this.

Compliments received by relatives about the service included "A big thank you for delivering excellent care", "Thank you for the compassion, expertise and thoughtfulness which made an enormous difference to dad's life" and "Thank you for the care and attention given to [name] which enabled her to stay at home with dignity. The care she received was above and beyond and made her life more tolerable due to the kindness and friendship she was given".

Is the service responsive?

Our findings

People received consistent personalised care and support. When a person decided to use the service an initial assessment of their needs took place to make sure the service was right for them. The person, relatives and professionals were actively involved in the process. Evidence was gathered of the person's life story to date through the assessment document. People could choose how much information they shared at the assessment. Staff were then selected to match the person's identified choices. Their choices included if they liked a quiet member of staff to support them or a chatty person. Consideration was given for a male or female member of staff also. One person told us "My care plan is exactly what I wanted and reflects my choices".

A relative told us that staff had responded very promptly to a decline in their mother's health. This resulted in their mother receiving appropriate treatment in a timely manner. The relative explained this offered them reassurance to know the service would always respond promptly to any changes.

People were empowered to have choice and control over who provided their personal care. People said they had been introduced to their carer ahead of them commencing any calls. One person said the service had changed a carer very promptly when they had not been comfortable with them.

People and their relevant family members were involved in the care planning process and making decisions about how people's needs were met. The registered manager and staff were skilled in supporting people to do this and assessing people's needs. The registered manager and staff spent time getting to know the person and learning how to meet their individual needs. A relative stated the service was flexible and registered manager and staff very accommodating when it came to meeting their mother's needs.

Staff viewed care plans as very important in providing individualised support. Each person had a plan that reflected their needs, choices and preferences, and gave guidance to staff on how to make sure personalised care was provided. Records showed one person required assistance with hearing aids to be put in place and removed at specified times during the day. The staff were also required to ensure a lifeline was in place at each call. Records showed these tasks had taken place and the person confirmed this when they were visited in their home. People chose outcomes that were important to them. One person told us their outcomes included remaining as independent as possible, maintaining their mobility and accessing the community. They said they felt in control of their care plan and that it reflected their choices. Review meetings identified changes in care and support needs. Any changes were discussed with the person and any chosen relative as required. Changes were clearly documented and the information was shared with the relevant staff.

Staff completed daily records which reflected the care and support people received. Daily records made reference to medication administered activities, sleep pattern, staff arrival and leaving time and any other information specific to the individual person. This information was used at the person's review for discussion and future planning of their care. All daily records reviewed were fully completed and signed.

The service had a policy and procedure in place for dealing with any concerns or complaints. People and relatives knew who to contact if they needed to raise a concern or make a complaint. The registered manager told us that they used concerns and complaints to improve their service and raise standards of care.

Is the service well-led?

Our findings

People and their relatives described the service as, "Fabulous", "Absolutely brilliant", "Exceptional". One person said, "I am exceptionally lucky to have the service, I cannot fault them".

People, their relatives and staff all described the management of the service as approachable, open and supportive. Comments included, "The manager is fantastic", "The manager is very supportive, I can talk to her about anything" and "The manager is lovely and very approachable".

The director took an active role within the running of the service and had good knowledge of the staff and people who used the service.

The director and the registered manager actively sought and acted on the views of people who used the service and their relatives and placed a strong emphasis on continually striving to improve the service for those who used it. Feedback on quality assurance forms reviewed included "I am very happy with the service, I have regular staff who know my routine", "The staff are brilliant!" and "I find the office staff very accommodating". The registered provider regularly invited feedback by asking people to complete a quality audit questionnaire. Feedback from people, staff and relatives was sought in order to enhance the service. Questionnaire results from 2015 undertaken by an external company stated 95% of people would recommend the service.

The registered provider had undertaken a staff survey during 2015 by an external company. All staff stated they would recommend N C Homecare as a place of work. 96% of staff stated the service was effectively managed and well run. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff reflected positively about the service. Comments included "The manager is very supportive", "We all get on well as a team" and "Everyone without exception is approachable".

People said the communication between themselves and the office staff was very good. They said they felt confident the office staff would address any issue they had.

The service used an electronic monitoring system for staff to log in on their arrival to people's homes and log out on leaving. This system which was monitored daily helped to ensure that people received their calls on time and that staff remained with them for the right amount of time. The system raised an alert when a member of staff was 15 minutes late. A member of the office team then contacted the staff to enquire what was causing the delay. They established what time staff would arrive at the next call and contacted the person to inform them.

The registered provider had notified the Care Quality Commission (CQC) of all significant events which had occurred at the service in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service so we can decide if any action is required to keep people safe and well.

The registered manager told us the aim of the service was to provide a consistent quality service delivered to the person's wishes and needs. They said they aimed to promote the best possible health and quality of life outcomes. They told us that N C Homecare strived to treat people as individuals whilst ensuring that they had a flexible, quality support which met their needs and individual requirements.

The registered provider undertook regular audits which included checks on medication, accidents and incidents and care plans, in line with the registered providers policies and procedures. All audits clearly identified actions required and were fully updated following the completion of any actions. All audit information was collated and a full analysis undertaken to identify trends as well as areas for development. The provider was part of a larger organisation who also undertook regular audits to ensure monitor and improve service quality.