

Northern Home Care Ltd

Northern Home Care Limited

Inspection report

Centec Business Centre
Stopgate Lane
Liverpool
Merseyside
L9 6AW

Tel: 01515235300

Website: www.northernhomecare.co.uk

Date of inspection visit:
09 January 2017

Date of publication:
10 February 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 9 January 2017 and was announced. The provider was given 72 hours' notice in order to ensure people we needed to speak with were available.

Northern Home Care Limited is a small domiciliary care agency providing personal care to older people in their own homes. At the time of our inspection the agency was delivering 51 hours of care to seven people. There were two staff (including the registered manager) employed to undertake these hours, plus one bank staff.

There was 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 previous inspection in November 2015 we identified a breach of regulation because care records were poorly organised making it difficult to access important information. At this inspection we checked records and other documentation to ensure that improvements had been made and sustained.

We found that the provider had made the necessary improvements regarding records and that this breach was now met.

At the last inspection in November 2015 we found that people's care records did not contain sufficient person-centred information for staff to know them. This did not have any obvious impact on the care provided because staff had worked with the same people for a long time and knew them well. However, new staff would require more detailed information to be able to provide high-quality, effective care. We made a recommendation regarding this.

During this inspection we looked at care records and person-centred plans to see if the necessary improvements had been made and sustained. We saw that care records contained plans which were clearly person-centred and focused on people's independence.

At the last inspection we found that risk assessments were not sufficiently detailed to support staff in providing safe care. We made a recommendation regarding this. During this inspection we checked what progress had been made. The provider had developed risk assessment processes to include a risk screening document. This allowed them to effectively assess a range of risk factors and establish if they required further consideration.

People we spoke with told us they felt safe. The comments that we received from people using the service and a relative regarding safety were very positive.

Northern Homecare had access to sufficient staff hours to cover its responsibilities and was actively recruiting in anticipation of growth. Recruitment procedures adhered to safe-practice guidelines.

The provider had a training plan in place and made use of e-learning to facilitate a range of course which were appropriate to meet the needs of people using the service. These included; Health and safety, equality and diversity, adult safeguarding, dementia awareness and the Mental Capacity Act 2005 (MCA).

We asked about arrangements for staff supervision and appraisal. We were told that because the service was small, there was daily contact and support available. We saw from records that more formal supervision was completed quarterly.

At the previous inspection we noted that information relating to Lasting Powers of Attorney (LPA) was not recorded in people's care records. We spoke with the registered manager about this who confirmed that none of the people currently receiving a service had an LPA decision in place. They also confirmed that details would be recorded if the situation changed.

We asked people about the support they received to eat and drink. Each of the people that we spoke with said that they had no issues with how staff supported them or the quality of food that was prepared.

People spoke positively about the support they received with their healthcare. We saw notes relating to medical histories and healthcare appointments in care records.

Each of the people that we spoke with was extremely positive about the staff and the quality of care that they received. People told us how they were involved in decisions about their care and how flexible the care staff were. The staff member that we spoke with and the registered manager clearly knew each person and their needs well. They had positive, professional relationships with people and their families.

We asked people if they knew what to do if they needed to make a complaint. Each of the people we spoke with told us they had never had to make a complaint, but understood who they should speak to if required.

The provider issued annual questionnaires which gave people the opportunity to comment on performance and suggest improvements. The most recent questionnaires were issued in June and July 2016. Thirty six percent of the questionnaires were returned. In each case the responses were exclusively positive. None of the respondents or the people that we spoke with suggested any areas where the service could improve.

The registered manager was aware of their responsibilities regarding their registration with the Care Quality Commission and demonstrated responsibility and accountability in discussions about the improvements made following the last inspection.

The service operated quality and safety systems that were suited to a small operation and alerted the registered manager to issues and concerns in a timely manner.

The service utilised a basic set of policies and procedures including those for; confidentiality, safeguarding and whistle-blowing. The policies contained sufficient information to inform staff, but had not been subject to a recent, formal review. We spoke with the registered manager about this who confirmed that all policies would be reviewed to ensure that the information and guidance was current and fit for purpose.

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.

Staff understood their responsibilities in relation to safeguarding adults and were clear what action to take if they suspected abuse or neglect.

Risk was appropriately assessed and subject to regular monitoring to ensure people's safety.

There were sufficient staff to safely meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff received regular training in subject which were relevant to people using the service and were supported through regular contact and supervision.

People were supported to maintain a healthy diet by staff in accordance with their wishes.

Staff supported people to access healthcare services as required.

Is the service caring?

Good ●

The service was caring.

People spoke very positively about the quality of care provided and the relationships that they had with staff.

People were involved in day to day decisions about their care which was provided in a flexible manner to meet their needs.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were actively involved in the assessment process and reviews of care.

People understood how to complain about the service, but said that any concerns were addressed quickly and informally.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had responded positively and quickly to address the concerns raised following the previous inspection.

The registered manager was aware of the need for systems and processes to evolve as the service grew to ensure people's safety and monitor quality.

The registered manager and staff were motivated to provide high-quality, flexible care.

Northern Home Care Limited

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.

Following the previous inspection in November 2015, the service was rated 'requires improvement' overall and we found that legal requirements were not being met in relation to good governance. We undertook this inspection to ensure that improvements had been made and legal requirements were being met.

This inspection took place on 9 January 2017 and was announced.

The provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed the Provider Information Record (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 also reviewed the information we held about the service, the provider's action plan and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke to two people who use the service and one relative by telephone. We also spoke with the registered manager and the remaining member of staff. We looked at a range of records including; three care records, two staff files, training records, staff duty rotas, policies and procedures and other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in November 2015, we found that risk assessments were not sufficiently detailed to support staff in providing safe care. We made a recommendation regarding this. During this inspection we checked what progress had been made.

The provider had developed risk assessment processes to include a risk screening document. This allowed them to effectively assess a range of risk factors and establish if they required further consideration. In each of the care records that we saw the completion of this document had led to consideration of risk in more detail. For example, one record contained a risk assessment regarding mobilising. The improvements noted had been introduced following the previous inspection and were now established practice. We spoke with the registered manager about risk. They told us, "We speak to people about risk, but it's also about staying on your toes and looking for any changes. The risk assessments are more detailed now."

People we spoke with told us they felt safe. One person said, "Safe, oh yes. The people [staff] are very good. We are very safe." Another person told us, "The calls we have are flexible. When I need them [staff] they come fairly soon after. It makes me feel safe." While a relative commented, "Northern Homecare is responsible for putting [relative] to bed. They lock-up and leave [relative] safe and secure. They're superb at that."

The registered manager and the member of staff that we spoke with clearly understood adult safeguarding processes and what to do if they suspected abuse or neglect. Each had completed training in adult safeguarding. We asked the registered manager about any concerns and were told that there had been no concerns or safeguarding referrals recently. The provider had an adult safeguarding procedure which detailed what staff should do if a concern was identified. The member of staff that we spoke with said, "We've had quite a lot of training. We have a system in place and a copy of the procedure."

We saw from records that accidents and incidents were appropriately recorded. However, there had been no recent accidents or incidents for us to evaluate. We spoke with the registered manager and the staff member and both were clear about the importance of recording and analysing incidents and accidents to reduce risk.

At the time of this inspection Northern Homecare was providing 51 hours of support to seven people. The registered manager worked with the other staff member to provide care and had access to cover provided by a bank worker. We saw that there were sufficient hours available to cover current responsibilities, but the registered manager told us that they were in the process of recruiting two new staff to provide additional cover and to accommodate growth. We saw from staff personnel records that staff had been recruited subject to satisfactory references and a Disclosure and Barring Service (DBS) check. A DBS check allows providers to assess if potential staff are suited to working with vulnerable adults.

We looked at procedures relating to medications. We were told by the registered manager that no one who used the service currently required support with medication, so we were unable to check medication administration record sheets (MAR). People we spoke with confirmed that they only required prompting

with their medicines. We spoke with the registered manager regarding the potential for people to require greater support with medicines in the future. They were aware of the need for additional training prior to taking on this responsibility and confirmed that they would not start a service until this training had been completed.

Is the service effective?

Our findings

People told us they felt that the staff had the training and skills to be able to do their job effectively. One person said, "Staff have the right skills. They're very experienced. I feel quite happy about that." A relative told us, "Staff are competent and more so."

The provider had a training plan in place and made use of e-learning to facilitate a range of course which were appropriate to meet the needs of people using the service. These included; Health and safety, equality and diversity, adult safeguarding, dementia awareness and the Mental Capacity Act 2005 (MCA). The member of staff said, "We've done dementia awareness. It was worth doing it. It gave us more confidence. We do refreshers [of other training] every year." We saw that training required by the provider had been completed as planned.

We spoke with the registered manager about the induction of new staff. They outlined a process which was aligned to the Care Certificate. The Care Certificate requires new staff to be trained in relevant subjects, observed by a senior colleague and assessed as competent within 12 weeks of starting employment. This process should be completed before staff work independently.

We asked about arrangements for staff supervision and appraisal. We were told that because the service was small, there was daily contact and support available. We saw from records that more formal supervision was completed quarterly. In one staff record we saw that the quarterly review had taken place in November 2016. The annual appraisal had been completed in April 2016.

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.

The registered manager and staff member had knowledge of the MCA and the implications for people they cared for. We were told that none of the people currently receiving a service had any restrictions placed on them. Each person had capacity to make their own decisions with the support of a nominated relative if required. At the previous inspection we noted that information relating to Lasting Powers of Attorney (LPA) was not recorded in people's care records. We spoke with the registered manager about this who confirmed that none of the people currently receiving a service had an LPA decision in place. They also confirmed that details would be recorded if the situation changed.

We asked people about the support they received to eat and drink. Each of the people that we spoke with said that they had no issues with how staff supported them or the quality of food that was prepared. The registered manager said, "We cook meals from scratch. We speak with the family about shopping and preferences. We don't do microwave meals."

We asked how the service supported people with their healthcare needs. People spoke positively about the support they received with their healthcare. We were given an example where the registered manager stayed for an additional 40 minutes to support a person with an appointment. The information arising from the appointment was then shared with a family member. We saw notes relating to medical histories and healthcare appointments in care records.

Is the service caring?

Our findings

Each of the people that we spoke with was extremely positive about the staff and the quality of care that they received. One person said, "They're becoming almost friends. I'm so pleased to see them and they seem pleased to see me." Another person commented, "They're very friendly." While a relative told us, "They are absolutely marvellous. I couldn't praise them highly enough. They go over and above."

People told us how they were involved in decisions about their care and how flexible the care staff were. A relative said, "When I know I will need extra, they aim to cover everything." A member of staff told us, "We build a professional relationship. You can tailor your care depending on what they need on the day." We saw from care plans that priorities were clearly identified. For example, supporting somebody to get ready for bed. However, we also saw that staff were prompted to be vigilant regarding other aspects of care and respond appropriately. One person said, "Some days I'm down in the dumps, but [staff] brings me a cup of tea and we have a chat."

The staff member that we spoke with and the registered manager clearly knew each person and their needs well. They had positive, professional relationships with people and their families. The registered manager commented, "People tell us what they want on the day." They gave an example where one person sometimes asked that staff did not undertake some domestic tasks, but sat and talked with them instead. We saw that this type of activity was recorded in daily notes. The daily notes that we saw contained sufficient detail and were appropriately and respectfully worded. A person using the service said, "They always find time to sit and chat."

The care plans that we saw included reference to maintaining people's independence and this was reflected in the tasks that were undertaken. For example, people had been supported by staff to go shopping rather than the staff doing it on their behalf. We also saw that care plans had changed with the involvement of people. In one example, the plan of care had been amended following a bereavement. People told us that staff listened to them and respected their views.

We asked staff how they ensured they protected people's privacy and dignity when providing personal care. The registered manager gave us an example where a visiting nurse was asked to wait while a personal care task was completed. They also said that staff keep doors closed during personal care. Information about people and their care was stored securely in a central office and staff were aware of the need to maintain confidentiality. Information was only shared with relatives when people had given permission to do so. This was clearly defined within care records.

Advocacy information was available for those that asked for it. At the time of our inspection no one who used the service required the services of an advocate.

Is the service responsive?

Our findings

At the last inspection we found that people's care records did not contain sufficient person-centred information for staff to know them. This did not have any obvious impact on the care provided because staff had worked with the same people for a long time and knew them well. However, new staff would require more detailed information to be able to provide high-quality, effective care. We made a recommendation regarding this.

During this inspection we looked at care records and person-centred plans to see if the necessary improvements had been made and sustained. We saw that care records contained plans which were clearly person-centred and focused on people's independence.

Records contained a range of personal information to assist staff in getting to know people and delivering quality care. For example, one record had specific information about the colour of a cup that the person preferred and the way in which they took their tea. Other plans contained detailed specific information and guidance. For example, people's medical histories and how they may influence the delivery of care.

People's preferences and needs were clearly identified and subject to regular review. We asked people and their relatives about involvement in care reviews. A relative said, "I'm involved in both formal and informal reviews [of care]. Because we have so much contact. It's done daily." Other people that we spoke with were unclear about their involvement, but we saw from care records that needs had been regularly reviewed and changes made as a result. For example, call times had been changed to better suit people's needs. A formal, annual review of care was recorded in the records that we saw. Each was dated February 2016. Some people had signed to indicate their involvement in the review process.

Staff told us that they were involved in the review process and encouraged people to involve relatives and friends. A staff member told us, "I get involved in reviews. We aim for at least twice a year or more if there is a change." They shared an example where a person had asked for their next door neighbour to be present at the review. This had been facilitated by the staff member. The registered manager confirmed, "We have an annual review at least or if things have changed. People sit and we talk about their needs with families too."

We asked people if they knew what to do if they needed to make a complaint. Each of the people we spoke with told us they had never had to make a complaint, but understood who they should speak to if required. People were given a 'Service User Information Guide' at the commencement of their care and the complaints procedure had been included as part of this documentation. A relative told us, "If there's ever been anything they have great communication. I feel very comfortable to go straight to them." The registered manager confirmed that they had received no formal complaints since the last inspection.

Is the service well-led?

Our findings

During the previous inspection we identified a breach of regulation because care records were poorly organised making it difficult to access important information. At this inspection we checked records and other documentation to ensure that improvements had been made and sustained.

Following the last inspection in November 2015 the provider had submitted an action plan which detailed what action they intended to take to meet regulation. They had purchased new files and had transferred current, relevant information to them. The information was better presented and easier to access. We were able to evidence that care plans were person-centred and contained sufficient detail to inform care practice.

We found that the provider had made the necessary improvements regarding records and that this breach was now met.

The registered manager was clearly aware of the day to day culture of the service and had a vision for service development. The member of staff that we spoke with was equally aware of the culture which they described as 'open and flexible.' The registered manager said, "I'm aiming to grow, but retain the quality and culture." Each of the conversations that we had with people using the service and their relatives supported the view that the service was open and flexible.

The provider issued annual questionnaires which gave people the opportunity to comment on performance and suggest improvements. The most recent questionnaires were issued in June and July 2016. Thirty-six percent of the questionnaires were returned. In each case the responses were exclusively positive. None of the respondents or the people that we spoke with suggested any areas where the service could improve. One person using the service said, "We have questionnaires. We laugh and joke about it. I'm quite happy."

People using the service and staff spoke positively about the quality of communication. A member of staff said, "General communication is very strong. We speak every day." A relative told us, "Communication is very good."

People also spoke very positively about the registered manager and the general management of the service. One person commented, "It's well-managed." While another said, "[Registered manager] is first rate, marvellous." The member of staff that we spoke with told us, "We had a difficult year last year. [Registered manager] was very supportive."

The registered manager was aware of their responsibilities regarding their registration with the Care Quality Commission and demonstrated responsibility and accountability in discussions about the improvements made following the last inspection.

The service operated quality and safety systems that were suited to a small operation and alerted the registered manager to issues and concerns in a timely manner. We discussed the current processes for assessing safety and quality and the need for them to evolve further as the service grew. The registered

manager said, "Quality systems are being further developed. I will reference the regulations and key lines of enquiry in the future."

The service utilised a basic set of policies and procedures including those for; confidentiality, safeguarding and whistle-blowing. The policies contained sufficient information to inform staff, but had not been subject to a recent, formal review. We spoke with the registered manager about this who confirmed that all policies would be reviewed to ensure that the information and guidance was current and fit for purpose.

The staff member that we spoke with and the registered manager demonstrated their continued enthusiasm and were clear about the expectations of their roles. The staff member told us, "I'm clear about what is expected of me. I wouldn't work here if I didn't enjoy the job."