

## Netherclay Home Care Limited

# Netherclay Home Care

### Inspection report

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04 December 2015

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 03 and 04 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Netherclay Home Care provides personal care to people living in the Taunton area. At the time of this inspection they were providing personal care for 138 people. They also provided a domestic service to people in their own homes.

The last inspection of the agency was carried out on 22 May 2013. No concerns were identified with the care being provided to people at that inspection.

There is 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.

People who received personal care from Netherclay Home Care told us they were happy with the care and support provided. They told us they were supported by caring friendly staff who understood their personal needs and preferences. Some people said they found the consistency of regular care workers was not good. The registered manager had identified this as an area requiring improvement and had put a new system in place ensuring stable teams in each area covered. One person said, "I have had different carers coming, but it has improved lately." Another person said, "I see my regular carers and I am more than happy."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. People told us staff knew them and how they liked to be looked after. The registered manager confirmed they would only take new people on if they could meet their needs. If they were unable to meet their needs they would signpost them to another agency or health care professionals.

People told us they thought staff had been trained appropriately to meet their needs. Care workers had access to training specific to their roles and the needs of people. For example they received training on managing a new hoist in one person's home. And had clear guidance and training on how to communicate effectively with one person. They understood people's needs and were able to explain to us how they would care for each person they visited.

Care plans included clear guidance for staff, to enable them to deliver consistent care the way people preferred. Care plans had been reviewed regularly with people and changes made when needs had changed. People confirmed they discussed their care plans with staff and had signed consent forms. People said staff always sought their consent before providing care and support. One person said, "They always ask

me before they do anything."

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse. People said they felt safe when being cared for; we observed people were happy and relaxed with staff during our home visits.

Most people were able to access health care professionals independently but assistance could be provided if requested. Staff monitored people's health with their consent and could direct to healthcare professionals as appropriate.

The agency had a complaints policy and procedure that was included in people's care plans in large print. People said they were aware of the procedure and had numbers they could ring. People and staff spoken with said they felt confident they could raise concerns with the manager and senior staff. Records showed the agency responded to concerns and complaints and learnt from the issues raised.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

## 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 were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

### Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme of training which ensured staff had up to date guidance and information.

Staff ensured people had given their consent before they delivered care.

### Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive

People received care that was responsive to their needs because staff had a good knowledge of the people they provided care and support for.

People were able to make choices about who supported them.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

### **Is the service well-led?**

The service was well-led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with good staff morale.

**Good** ●

# Netherclay Home Care

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 03 and 04 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

The last inspection of the agency was carried out on 22 May 2013. No concerns were identified with the care being provided to people at that inspection. The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses or has used this type of care service.

Netherclay Home Care provides personal care to people living in the Taunton area. At the time of this inspection they were providing personal care for 138 people. We visited five people in their homes and spoke with seven people by telephone. We spoke with one relative during our visits and seven over the telephone. We also spoke with six staff members and the registered manager.

We looked at records which related to people's individual care and the running of the service. Records seen included eight care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

# Is the service safe?

## Our findings

The majority of the people and relatives we spoke with said, they or their relative felt safe with the staff that supported them. One person said, "Yes I feel safe, why wouldn't I? I have got to know them all now." Another person said, "I feel very safe they are a fine group of girls, never a cross word." A relative said, "He does feel safe. Not met a finer bunch of people in my life, very dedicated." However one person said they did not feel safe all the time they said, "Some [Staff] I do, some [staff] I don't [feel safe]. Some I can't understand. Some rush me and I don't feel safe". We fed this back to the registered manager. They said they would raise this with staff in one to one supervision and team meetings. When they would re-enforce the need to make sure people felt safe and unrushed.

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. These were provided for all staff in their staff handbook. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details were clearly recorded in people's care plans. One staff member said, "If I thought something was wrong I would not hesitate to talk out. I know I would be supported by [registered manager] to do the right thing." Another staff member said, "I have absolutely no problems with reporting anything I did not approve of. It's their home and their right to feel safe in it."

The agency's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package staff kept a record and receipts for all monies handled. Staff members spoken with confirmed they had read the policy and could explain the process to follow. One person's record showed staff had followed the procedure and had obtained a receipt and signatures from the person when they returned the change. One person said, "They are really good when they do a bit of shopping. They always have the right change and the receipt so I can check."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Most people said they received the care and support in a timely manner and staff stayed for the length of time they expected. However one person said they felt staff rushed them. One relative said, "Never had any problems with them not being able to stay the time stated due to staff shortages." The registered manager confirmed they had sufficient staff to meet the needs of the people receiving personal care. They told us they would only take on new referrals if they were able to meet the care package with the staff they had. An on-going recruitment programme was in place to ensure staffing levels remained consistent. This meant people could be reassured they would receive the care package agreed.

Everybody we spoke with said time keeping was an issue. People said they had a rota but the time's staff arrived could vary. However they confirmed they had never had anyone not turn up. One person said, "Time keeping is awful." Another person said, "They are never on time the rota said 08:00 and they didn't get here until gone 09:00." Whilst another person said, "Should have been here 09:26 but arrive 08:30 this morning." A relative said, "They never ring to say if they are going to be late or if there has been a change." We discussed

this with the registered manager. They told us they had identified this issue following their audit. They had already put a new system in place to reduce the number of late calls. They said they had written to all the people they provided a service for to explain the new system and would monitor the outcome.

Care plans included clear risk assessments relating to people's personal needs and the environment. For example one person had been assessed as at risk of urinary tract infections. Their care plan gave clear guidance for staff on maintaining plenty of fluids at each visit and what signs to look for that may indicate an infection was imminent. Another person's care plan indicated staff should record when food had been given and whether the food had been eaten or not, to prevent the person from becoming malnourished.

Other risks had been assessed and managed appropriately. For example mobility risk assessments identified the number of staff and any equipment that would be used to help a person move. Staff confirmed they received training in the correct use of specific equipment such as hoists and stand aids. All the staff spoken with said the training was excellent. The registered manager confirmed the agency had a good rapport with local occupational therapists who would show staff how to use new equipment if necessary. Care plans showed risks had been discussed and agreed with people at their initial assessment. The risk assessments were also reviewed with people when care plan reviews were carried out and if people's needs changed.

Some people required assistance with their medication. Clear risk assessments and agreements were in place and recorded to show how and when assistance was required. There were clear protocols in place to show at what level the assistance was required for example, just prompting or reminding a person to administer prescribed medication from a blister pack. All staff were trained in managing medication, the registered manager and senior staff assessed staff competency during spot checks. One person said, "I have to be reminded you know and they do that every time they come." The registered manager confirmed some calls could be time critical to ensure people had the correct therapeutic gap between each dose to ensure best outcomes for them.

# Is the service effective?

## Our findings

People received effective care and support from well trained staff. People said they felt all the staff were well trained and knew their needs well. One person said, "All the staff who come are very capable and appear well trained. They know what they are doing." Another person said, "They are all very good they know how to make me comfortable." However one person said they felt some staff were not well trained. This was mainly around communication. The registered manager confirmed they supported staff whose first language was not English to attend training to improve their language skills. Records showed some staff had completed a "conversational English course."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. All the staff spoken with confirmed they had attended an induction programme. One staff member said "I enjoyed the induction. It was good and covered everything I think I needed to know at the time. Then there is the in-depth training to follow." One staff member said, "I did the classroom based induction then shadowed another carer until they thought I was confident enough to work alone." One person said, "I get quite a few new ones come with my regular carer to learn what to do." The registered manager confirmed their induction followed the Care Certificate which is a nationally recognised training programme. They said the induction had also been revised in places following feedback from staff.

People were supported by staff who had the skills and knowledge to meet their needs. All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, principles of care, manual handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. Records showed all staff had attended all the statutory training. Care staff were also offered the opportunity to attend training in the Gold Standards Framework. The Gold Standards Framework is a nationally recognised approach to enable 'frontline staff to provide a gold standard of care for people nearing the end of life'. This meant people were supported by staff who had the knowledge and skills to meet their needs effectively.

Staff were given the opportunity to extend their knowledge in specific areas. This meant people would be supported by staff with the skills to understand complex care needs. The registered manager explained how they could provide training in the management of epilepsy to enable staff to care for a person with complex needs. Records showed staff had received training in managing aggression and agitation to enable another person to have a better experience when being assisted to bath.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks carried out by senior staff. This enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. One staff member said, "Senior staff turn up and do spot checks. They observe how you work and ask the client if you are doing your job properly." Some people were able to confirm senior staff visited to observe how staff worked but some were unable to comment on whether it happened.

Some people needed support to eat and drink as part of their care package; care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there. During our visits to people in their own homes we observed staff prepared meals of the person's choice and staff ensured there was adequate fluids close by for them to drink throughout the day.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care or a relative if they had the relevant authority. The registered manager confirmed they asked to see Lasting Power of Attorneys so they were sure the right person was giving consent on the person's behalf. One relative said they are very good. They always ask [the person] if it is ok to do something. One person said, "They always ask first." However another person said, "They know me so well they just get on with it."

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Nobody receiving a personal care package had required a best interest decision due to lacking capacity at the time of the inspection however the registered manager was aware of the process they would follow.

People were supported to see health care professionals according to their individual needs if they informed the agency they required assistance. However most people said they received support from their relatives to attend appointments.

## Is the service caring?

### Our findings

People said they were supported by kind and caring staff. One person said, "I have no complaints they are all very caring." Another person said, "Most of them care the odd one or two can rush a bit." A relative said, "They have just the right approach with [the person]. Caring, kind and polite."

People were not always cared for by a consistent staff team. People said they saw quite a few different care workers. One person said they had a visit from someone they had not met before. Another person said they could receive visits from ten to twenty different care workers. The registered manager explained they had identified consistency of staff as an issue with people. They had managed this by ensuring staff worked in teams in specific areas. To measure how this had improved they carried out a monthly audit of staff rotas and aimed for 95% consistency. Records showed staff consistency had improved from 85% to 95% in most teams. One person spoken with said, "It's improved we get changes on the rota but we know them." One staff member said, "I work in one area now and it is easier to get to know the group of people you look after. It is really difficult if you need to get from one end of Taunton to the other, traffic is terrible."

People confirmed care workers cared for them in a way that respected their privacy. One person said, "They always think of closing doors and curtains." Another person said, "I manage on my own so they wait outside the door until I call them." People told us personal care was carried out in a dignified way with people's preferences for care and support being respected. One relative said, "They do everything in private I do not go in whilst they wash [the person] and they shut the door." People were supported to remain independent. One person said, "They know I like to do things myself." A relative said, "They prepare the flannel and she uses it". Another relative said, "They encourage him to clean his teeth."

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. One relative said, "We were all involved from when they came out of hospital. We can comment on the care provided at reviews and they carry out surveys to see how we feel." One person said, "That's my care plan and I know what we discussed and I can tell them if I want to change anything."

The agency kept a record of all the compliments they received. The manager confirmed if compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be informed of general compliments received.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. We looked at eight care plans three in the office and five in people's homes. They were personalised to each individual and contained information to assist staff to provide care in a way that respected their wishes. At the time of the inspection all care plans were being revised and computerised. This meant guidance for staff was more legible, as the registered manager had identified some issues with hand written care plans.

Care plans gave clear information about the support people required to meet their physical needs and had information about what was important to the person. The records showed staff had carried out the care and support in line with the person's care plans. For example one care plan said, the person was, at risk of developing a urinary tract infection. The care plan was clear about staff encouraging the person to drink plenty of fluids during their visits. The daily records showed staff did this regularly and included a fluid balance record. One person said, "When they visit they always make me a cup of tea, just how I like it. When they go they leave a glass of water just in case I need a drink."

Staff had a good knowledge of the needs and preferences of people they cared for. One Staff member was able to describe how they supported the needs of one person who wanted to remain as independent as possible. People said they felt staff understood their needs. One person said, "I have regular carers and they all know what I like." One relative said, "They know how to support [the person] in the way he likes he is very happy."

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Everybody said staff respected them as individuals with their own lifestyles and preferences. One person said, "I can tell them if I am not going to be about, then I let them know when I am back. Never been a problem". Another person said I asked them to change the times of my visits and they sorted it out for me." The registered manager confirmed sometimes people wanted their calls changed or cancelled and they would try their best to be flexible to meet those needs.

Initial assessments were carried out with people who wished to use the service. This enabled them to express their wishes and views. It also allowed the agency to decide if they were able to provide the care requested. The registered manager confirmed if they felt they were unable to meet the needs of the person they would either signpost them to another care agency or refer them to other healthcare professionals. This meant people could be supported to receive a personal care package that was appropriate to meet their needs.

People said they could express a preference for the care worker who supported them. One person said, "I was given the choice of a male or female carer. I prefer female and that is what they provide." Another person said, "I didn't like one of the staff who came. I asked them not to send them again and haven't seen them since." This meant people felt they could maintain some control over the staff who supported them.

People said they felt they could complain if they needed to and the agency responded to their concerns. A

copy of the agencies complaints procedure was available in the care plan folder kept in the home. Four people said they had raised a complaint three felt it had been dealt with satisfactorily. Nobody spoken with said they didn't feel they could complain if they needed to. Staff members said they felt they could raise a complaint on behalf of a person if necessary.

We looked at the complaints records kept by the agency, they had clear documentation to show a complaint or concern had been received and how it had been managed. We saw all complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt.

## Is the service well-led?

### Our findings

People were supported by a team that was well led. The registered manager was supported by a team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice.

People, relatives and care workers told us the registered manager was open and approachable. They all said they felt they could talk with the manager at any time. All the staff spoken with said they could come into the office at any time and the manager was prepared to meet with them. People had a varied experience of communication with the office staff. Of thirteen people spoken with ten said communication was good however three said it was bad or poor. One person said, "The communication is very good. They treat me how I want to be treated; we are on Christian name terms". Another person said, "I have spoken to the office, very polite and courteous". However one person said, "Ringing me regarding late calls should be better." The registered manager confirmed they had identified the issue of late calls and people not being called. They had introduced a new system of working and would be monitoring how effective the change would be.

In addition to the registered manager there were senior care workers who supported care workers and also provided personal care. Staff told us they always had someone they could call if they needed advice. One person said they had numbers to call if they needed to talk with someone. Another person said, "I have a list of people and numbers in my folder. I know I can call the office if I need to."

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example audits had highlighted the need for printed care plans; a designated staff member was working on computerising all care plans. A monthly audit of staff consistency had prompted an improvement plan in providing people with more regular staff. Records and comments from people showed there had been some improvement in this area.

The registered manager had a clear vision for the agency they told us they wanted to provide a service where, "Every client is entitled to the best possible care we can give them." The agency's statement of purposed said, their aim was to "...enable clients to enjoy the independence of their own homes, by providing high quality care delivered by well trained, caring friendly staff." Their vision and values were communicated to staff through staff meetings and supervisions. Staff said the emphasis was on treating people as individuals. People spoken with confirmed staff encouraged and supported independence whenever possible.

People were supported to share their views on the way the service was run. An annual survey of people, relatives, staff and service commissioners was carried out so people could be assured that improvements were driven by their comments and experiences. People confirmed they had completed satisfaction surveys, one person said they had not completed any survey however they had not been with the agency long. Another person said, "They ask me to give my feedback on new staff I am happy to do that. I know they have

made changes so I know I am listened to."

The organisation had revised their policies and procedures to reflect the new regulations and CQC's five domains of, safe, effective, caring, responsive and well led. They included a new policy on the duty of candour. The policies had been signed and a review date included. The staff handbook included policies that were relevant to their role in the agency.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which, the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

The manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.