

NDH Care Ltd

# NDH Care Ltd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected this home care agency 02 and 03 November 2016. This was an announced inspection. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service [care at home]; we needed to make sure that we would be able to speak with people using the service, visit some people in their homes, speak with staff and view records in the agencies office.

We last inspected this service in January 2016 when we found the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not being safely managed. They were also in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there weren't adequate systems in place to check on the quality and safety of the service. After our last inspection the provider sent us an action plan telling us how they would improve the service. These improvements had been effective, and we found the provider was now compliant with the regulations and consistently meeting people's needs.

A registered manager was in post, and was present throughout 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 meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We met and spoke with six of the 37 people using this service. Either in discussion or through our observations we were confident that people felt safe. We observed people looking relaxed and appearing to feel comfortable around staff within their own home, and people and their relatives told us people felt safe whilst receiving personal care. Staff understood their roles and responsibilities to protect people from the risk of potential harm. Staff were aware of the provider's processes for reporting any concerns. There were enough staff to support people safely and recruitment checks were in place to help ensure staff that were employed were safe to work with people.

Staff had been trained to support people effectively. Training had been tailored to ensure staff had the skills they needed to meet the needs of the people they supported. The training also provided staff with the specific skills to provide care in people's own homes. Staff told us that they received regular supervision and felt supported. More senior staff were always on-call for them to seek advice and guidance.

People had access to a variety of food and drink which they enjoyed. Staff followed care plans to ensure people stayed healthy.

Staff had a basic knowledge of their responsibilities under the Mental Capacity Act 2005. We observed staff working consistently in line with people's care plans, promoting people's independence and choice and seeking consent before offering any care.

People were relaxed in the company of staff and people described many positive, compassionate interactions they had experienced from the staff who were supporting them. Staff ensured people's privacy and dignity was maintained.

People knew how to raise complaints. Where complaints had been raised the registered manager had taken prompt and appropriate action. There was a range of systems and opportunities for people to provide feedback about all aspects of the service.

There was a registered manager in post who was aware of his responsibilities, and who had the skills and experience required to develop and lead this service.

## 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 supported by adequate numbers of staff who had been recruited using robust recruitment checks.

Risks faced by individuals had been identified and action taken to mitigate these risks to people.

People could be confident that their medicines would be managed safely and given as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that had received induction, training and supervision to ensure they could meet people's needs well.

People could be confident that their human and legal rights would be protected.

Support was provided to help people maintain good health. People were supported to eat and drink foods they enjoyed.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and compassionate staff who protected people's dignity.

Staff ensured people's culture, faith and religious needs were maintained in the way people wished.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was planned, delivered and reviewed with them to ensure it met their individual needs and wishes.

Systems were in place to ensure that complaints would be identified, investigated and action taken where possible to improve the service.

People were regularly asked for feedback about the service, to ensure it continued to meet their needs and wishes.

**Is the service well-led?**

**Good** ●

The service was well led.

There was a registered manager in post who had the skills required to lead and develop the agency. They were aware of their responsibilities to stay compliant with the requirements of the law.

A wide range of checks and audits were undertaken to ensure that service was operating safely. These also helped identify areas where improvement could be made and had been effective at improving the quality of the service.

# NDH Care Ltd

## 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.

We carried out an announced comprehensive inspection of this service in January 2016 where we identified that the provider was in breach of two regulations. Following this inspection the registered manager provided us with an action plan detailing how they would improve the service to ensure it was compliant with regulations and was consistently meeting the needs of the people it was supporting. We returned to the service and completed a further comprehensive inspection on 02 and 03 November 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, office staff, care staff and to make available some care records for review if we required them. The inspection team consisted of one inspector.

As part of the inspection we looked at the information we had about this provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people) to obtain their views. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service.

During the inspection we met four people who used the service and spoke to a further two people. We spoke with five relatives of people to get their views of the service. In addition we spoke at length with the registered manager, two care-co-ordinator, a senior carer and seven care staff.

We looked at some records including four people's care plans and medication administration records to see if people were receiving their care as planned. We sampled three staff files including the recruitment process. We sampled records about training plans, feedback from people who used the service, staff meetings, and looked at the registered providers quality assurance and audit records to see how the service

monitored the quality of the service.

# Is the service safe?

## Our findings

At our last inspection we identified a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not ensured medicines were being safely administered and managed. After our inspection the registered provider took action to ensure this was addressed. At this inspection we found the registered manager was meeting the requirements of the law and their practice in this area was good.

Some people we met needed the support of staff to prompt them with their medicines. People told us that staff supported them with their medicines in the individual way they needed and that their care plans stated. One person we spoke with told us, "I'm so grateful for the work the staff have done in helping me get my medicines in order." A relative we spoke with told us, "The medicines are given well; there has never been a problem with that." We sampled the Medication Administration Records (MARs) and they had been correctly completed which indicated people had been prompted with their medicines as they required. A number of measures had been employed to ensure medicines were managed safely. Competency assessments had been undertaken with staff to ensure they were able to administer medicines safely and office staff undertook regular audits of the medicines records to ensure any problems or discrepancies would be identified quickly. People could be confident their medicines would be well managed and administered as prescribed.

People we spoke with gave us positive feedback about their experiences of receiving care from NDH agency. One person told us, "It is a big thing to let someone into your home to help you with your care. At the start they are strangers, but now we have built up trust and I feel very safe." Another person told us, "There is nothing that frightens or scares me. I'm happy that both me and my home and belongings are safe." People we met appeared relaxed and comfortable in the presence of the staff that had come to support them. One person told us, "I have confidence in all of the staff. When I started using the service I was nervous and a bit frightened. I didn't want lots of different carers coming in and out. It soon settled down, and I have a regular team who always come to me." Relatives we spoke with told us they felt their loved ones were happy and safe with the care and support they were receiving. Comments we received included, "I have peace of mind knowing these carers are coming in to her."

People receiving care were kept safe by staff who understood their responsibilities of protecting people from abuse. Staff we spoke with told us that they had received safeguarding training. Staff were able to describe signs of abuse and confidently explained how they would respond to safeguarding concerns. Staff that we spoke with told us they would report any concerns to staff in the office or senior staff providing on call support. The registered manager was aware of their responsibility to identify and report any potential incidents of abuse, and was able to demonstrate and describe what action they had undertaken in response to concerns brought to their attention. The combination of staff knowledge and the systems employed by the registered manager meant potential abuse would be identified and action taken to support the person and report it.

Staff we spoke with described how they kept people safe. Staff told us that in their opinion people were safe. We looked at the ways the agency managed risks to people. Each person had a written, 'Safe systems of

work', plan that detailed the actions, equipment and checks staff needed to use to ensure the person was supported safely. Each person had a risk management plan in place to ensure staff were aware of the individual support each person required to stay safe. Staff we spoke with were aware of these documents and were able to describe how they were relevant to the different people they regularly supported. Staff told us about how they encouraged people to be as independent as possible, and risk assessments we viewed had been written in such a way that they promoted people's liberty and independence. This practice ensured people were supported to safely take risks and maintain their independence.

There were enough staff to provide support to people when they needed it. People we spoke with told us there were enough staff, that the same staff came regularly and that they were informed if staff were running late. One person told us, "Staff always come. If they are going to be a bit late they call me, or will re-arrange a different time in advance with me, if they have another commitment. I have never had a missed call." Staff told us that the current staffing levels were safe. The registered manager told us how they recruited extra staff to ensure they always had enough staff to meet people's needs and to cover for staff absences. The recruitment and selection process ensured that staff were recruited safely. Prior to staff commencing in their role a full employment history, criminal records checks and appropriate references had been sought. Staff we spoke with and records available in the office supported this. People were supported by adequate numbers of staff who had been subject to robust recruitment checks.

## Is the service effective?

### Our findings

Staff and the registered manager knew people well. The staff we met spoke with warmth and enthusiasm about the people they supported and were able to describe people's care needs and preferences in detail. All the staff we spoke with told us that they felt well supported and received opportunities to undertake training to enable them to carry out their jobs effectively. One member of staff told us, "I get good support and training so I am not nervous when I am helping people." People we spoke with were confident that staff had the skills required to support them, they told us, "The same carers come to me each day. I know them and they know me. I'm happy they have the skills they need to look after me." Another person told us, "I feel confident that staff have the skills they need to support me. One member of staff we spoke with told us, "I have supervision every month. It is a chance to talk about how I am, and how I am coping. The manager is very good, understanding. I could ask him about anything." Records we viewed confirmed that regular training had taken place. The registered manager had invested in training staff to ensure all staff had the knowledge they required to provide good, safe care and were aware of how to meet the individual needs of the people they were supporting. Staff had been provided with the skills they needed to support people well.

The staff we met had been provided with an induction before working alone with people. The registered manager told us the Care Certificate was provided for new staff. This certificate has been implemented nationally to ensure that all staff are equipped with the knowledge and skills they need to provide safe and compassionate care. One member of staff we spoke with told us, "The induction involved courses, going out with a senior, meeting people and shadow shifts. This meant I didn't have any panic in me when I started going out on my own." This ensured people were supported by staff they knew and who knew their needs.

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 described the action they had taken when they had been concerned about changes in a person's mental capacity. This had included liaising with the person's family, doctor or social worker about the person's needs and best interests. Staff described ways in which they asked people what support they required and sought their consent before undertaking any tasks or delivering any personal care. One person we spoke with told us, "I don't always want the personal care I should have. They don't force me. Sometimes they will just sit and chat with me until I'm ready or maybe offer to massage me which helps me relax." Another person told us, "Staff always ask me what I need doing and how I would like it done before they do anything." Staff we spoke with confirmed they had received training about the Mental Capacity Act (2005) and were able to describe how this legislation impacted on the care they were providing. This would ensure people's human and legal rights were maintained.

People described the support they received from staff to eat and drink foods they enjoyed and which would ensure they maintained good nutrition and hydration. One person told us, "I have meals delivered. Staff help me by asking which meal I would like, unwrapping it and heating it up. They clean away well when I have

finished." Another person told us, "They make my coffee just how I like it." Staff we spoke with were able to describe people's support needs and preferences relating to their food and drinks. The written plans of care we saw detailed the support people required, and included personal information such as how people liked their drinks to be made and served. People we met had all been left with a supply of drinks and snacks to ensure they had enough to eat and drink until the next carer came.

People were supported to maintain and look after their health. One person we met told us, " It has been very good care. I started using them when I left hospital. Since then I have got better, recovered, put on weight, gained in confidence. It has really helped me." Another person described their complex medical condition. They told us, "One day I wasn't right. [Name of carer] knew me well, and recognised the signs. She called for an ambulance. She probably saved my life." People we met told us that staff helped them to clean and wear their glasses, hearing aids and dentures when they needed them. People told us this was important for their dignity and for maintaining good health. Some of the people we met and spoke with were cared for in bed. The support they required included regular cleansing of their skin and support to change position. None of the people had developed sore skin, which was evidence that the support being given was meeting their needs well. One member of staff we spoke with described changes they had noticed in the condition of a person's foot while delivering personal care. The member of staff described how they brought this to the attention of the relative who sought medical attention. People could be confident that their health needs would be met well.

## Is the service caring?

### Our findings

People we met appeared happy and relaxed in the company of the staff who were supporting them. People told us the staff were kind and their comments included, "The staff are kind and good. They do their job well," and "I couldn't wish for a better carer. She is golden. Always goes the extra mile." Another person described a time when their family were away on holiday. Knowing the person was anxious about this, the registered manager had made extra phone-calls to the person over this period to re-assure them and to ensure that they were well. The person told us, "Him [the registered manager] doing that was such a great comfort to me." Relatives we spoke with described special bonds that had developed between staff and their loved one. Comments from relatives included, "Staff are always kind. They leave my relative clean and comfortable," and "When they have finished the support my relative always looks clean and fresh." People told us that they were involved in planning and reviewing their care needs. People described how they had been able to determine the care that they required, the time they required support and the gender of the carer they wished to support them for example. People described to us how this was kept under review and their satisfaction with the arrangements checked on a regular basis. Where possible people had signed to confirm the written plan of care reflected their wishes.

People's privacy and dignity was respected. Staff we spoke with described a range of actions they used to ensure people's dignity was protected. This included closing people's doors and curtains, or covering people with a towel during personal care. People confirmed that staff maintained their dignity. We asked one person for an example of how they did this, and they went on to say, "The carers-all of them, not just one of them all treat me like a human being, a real person. That means a lot." Another person we spoke with described how despite being independent for all of their life they now needed the support of staff with all their personal care. They described how this was very embarrassing for them, but how the staff reassured them and maintained their dignity by being kind and professional.

Staff were aware of people's specific needs around their culture and religion. Some of the people and relatives we spoke with described how it was important to them that the carers were of the same gender as the person receiving care, that they ensured the person's head was always covered, or that the carers could speak the same language as the person needing care. People we met confirmed that care was provided sensitively to meet these needs. Written records we viewed showed specific needs relating to people's gender, culture and faith had been assessed and included in their care plans. This ensured staff had up to date, detailed information about people's needs. People could be confident their culture, faith and spiritual needs would be supported by compassionate staff with the appropriate experience and knowledge.

## Is the service responsive?

### Our findings

People received care that had been planned to meet their individual needs and preferences. Care plans included information about people's personal histories, individual preferences and interests. People we spoke with told us, "I was involved in my care plan. First I spoke with a social worker at the hospital, and then these staff [NDH care staff] wrote it into a care plan. They have checked with me several times since that this is still the care that I like." Another person we spoke with told us, "A manager came out last week to check my care plan was still right for me." Staff we spoke with were able to describe the people they supported in good detail, and described how they shared information with their colleagues and the office staff when they noticed people's needs had changed. Records we viewed had been updated when care needs had changed to ensure staff always had access to up to date information about people's needs. Staff were able to be responsive to the needs of people because they knew people well.

We looked at the systems in place to make sure people felt confident to raise any issues, concerns or complaints. The complaints procedure was accessible and available in a variety of formats to meet people's needs. The registered manager had regularly asked people either in telephone conversations or in questionnaires if people were happy with their service and if they had any complaints or grumbles. People we spoke with told us, "I did once have a problem. I called the registered manager. He sorted it very quickly. I have confidence he would sort out any problems for me." Another person told us, "I've never had a complaint, but I would be happy to call them anytime if I did." A relative we spoke with told us, "We haven't had any complaints but there have been a few minor things that needed sorting out. The manager is good. He always sorts it out quickly and thoroughly if you tell him something." The registered manager had maintained records of the concerns and complaints that had been made. These showed that a thorough investigation had been made into the concerns raised. It was not always evident that formal, detailed feedback had been given to the complainant at the end of the process and this was a view that some relatives also shared with us. The complaint process ensured people could be confident their concerns and suggestions would be heard and the appropriate action taken. The registered manager was able to demonstrate how feedback including complaints and 'grumbles' had been handled, investigated and acted upon to resolve the concern and where possible improve the service.

# Is the service well-led?

## Our findings

At our last inspection we identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not ensured that the governance systems in place would ensure the service provided would always be safe and of good quality. The registered provider took the required action and at this inspection we confirmed they were now compliant with this part of the law.

There were processes in place for monitoring and improving the service and obtaining people's views of the quality of the care they received. One person we spoke with told us, "The office often rings to check that I am okay and that I am happy with my care." Another person told us, "The manager often calls to check that I am alright and that my care is as I like it." At our last inspection we identified the service provided was not meeting the requirements of the law. The registered manager had taken the action required to address these breaches and to make further improvements to the service. Staff we spoke with who had worked for the registered manager since the agency opened, described the improvements they had observed in the past 12 months. Staff told us, "This is an improving service A lot of work has been done. I really don't have any problems working here at all now." Another member of staff told us, "The organisation has been developing. It feels much more professional, the systems are more organised. It feels like a proper company." The registered manager had employed a member of staff who had specific responsibility for checking the quality of the service. They were able to show the variety of tools and checks they had developed and implemented that ensured the service was consistently meeting people's needs and developing. These quality monitoring tools enabled the registered provider to be certain that specific risks such as late calls, and missed calls that are specific to this type of care were being kept under review. This ensured people were benefitting from a service that was looking for ways to improve the quality and safety of the service it provided. The registered provider had formulated a development plan to underpin the growth of the agency. The registered manager explained how they had devised steps that would result in more management and senior support staff being recruited as the agency grows in size. This would ensure safe and steady growth that would safeguard the quality of the care and support already being provided.

We received consistently positive feedback about the registered manager. One person told us, "The registered manager is a good lad." Staff we spoke with told us, "We have a good manager. Always polite. I feel valued." Another member of staff told us, "He has never let me down." Staff explained that in the past year a number of initiatives including training and the provision of personal safety alarms had helped staff to feel valued as part of the team. The registered manager was able to show that the turnover of staff was low, and that the original carers recruited when the agency opened had remained in post working for this organisation. Staff felt valued which meant people using the service benefitted from a consistent and well-motivated team of carers.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our inspection visit and discussions with the registered manager identified that they understood their responsibilities. The registered manager described ways in which they

were keeping themselves up to date with changes to regulations introduced in April 2015. The registered manager attended a number of network and good practice meetings with other providers working in Birmingham. This provided an opportunity to share ideas and good practice.

Staff we spoke with were clear about the leadership structure within the service. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly. Staff we spoke with told us that these were an open forum for people to raise ideas and suggestions, and to receive training and support. One member of staff told us, "We can sit and think about ideas together." Staff told us they had access to an on call manager at all times in the event of an emergency.

There were systems in place to ensure all records required for the safe and effective operation of the service were well maintained and in good order. The records we required were all easily accessible and up to date. This ensured that staff had access to information which enabled them to provide a quality of care which met people's needs and wishes.