

Llayett Limited

Good Neighbour Care

Inspection report

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Date of inspection visit:
20 November 2018
21 November 2018

Date of publication:
14 December 2018

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 announced inspection took place on 20 and 21 November 2018.

Good Neighbour Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service is registered with the CQC to provide a service to younger adults and older adults some of whom might be living with dementia, learning disabilities or autistic spectrum disorder, physical disability and mental health needs.

Not everyone using Good Neighbour Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, 12 people were receiving the regulated activity.

There was a registered manager at the service. 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.

The last comprehensive inspection was in April 2017. The service was rated requires improvement in the key questions 'Is the service Safe?' and 'Is the service Well-led?'. We found one breach of regulations in relation to not following safe recruitment procedures. The provider did not carry out appropriate recruitment checks to ensure people using services received care from staff who were safe and properly vetted and the registered manager did not provide us with all necessary staff information we requested.

Following the last inspection, the provider completed an action plan stating measures they would implement to address the breach of regulations by July 2017. At this inspection we found that recruitment systems had improved and robust recruitment checks were carried out as standard practice.

People and their relatives informed us that they were happy with the care and support that they received. People told us that they received consistent care from staff that they knew.

People were safe and staff were knowledgeable about reporting any incidents of harm. Staff received training in safeguarding people from abuse. Staff demonstrated that they understood the signs of abuse and how to report any concerns in line with the provider's procedures. People's needs were met by sufficient number of staff.

Risks related to people's lives and wellbeing were assessed, monitored and reviewed to support people's safety. Risk assessments were detailed and contained information to help staff fully understand and manage those risks.

People were supported with their medicines in a safe way. People's nutritional needs were met, and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received co-ordinated care and support.

People were treated with kindness, dignity and respect and they were supported to remain as independent as they wished.

People were involved and made decisions about all aspects of their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager and staff worked in line with the Mental Capacity Act 2005 to ensure they obtained people's consent before providing care and support.

People knew how to raise a concern or make a complaint and were confident that if they did, the registered manager would respond to them appropriately.

Staff received training to ensure they had the skills to care for people safely. They were supported in their role and received regular training and supervision to provide effective care.

There was an open and inclusive culture in the service. Staff told us they felt comfortable to approach the registered manager for advice and guidance.

Regular feedback was obtained from people using the service and their relatives. The registered manager monitored the service through a system of audits and used these to improve the quality and safety of the 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?

The service improved to Good.

Robust recruitment procedures were followed to employ suitable staff at the service. There were sufficient numbers of staff to meet people's needs.

People were protected by the safeguarding practices in the service and staff were confident in reporting any suspected incidents of abuse.

People's medicines were managed safely.

People had sufficient risk assessments in place which helped ensure they were provided with safe care.

Staff were trained in infection control and were provided with personal protective equipment to help avoid the risk of cross contamination.

Good 

Is the service effective?

Good 

The service remained Good.

Is the service caring?

Good 

The service remained Good.

Is the service responsive?

Good 

The service remained Good.

Is the service well-led?

Good 

The service improved to Good.

People and their relatives told us that they were satisfied with the service and the way it was run, and would recommend it.

The service was open and transparent. The registered manager understood their responsibilities in ensuring that people received a good quality service.

Staff were complimentary of the registered manager and told us they were well supported in their roles.

Systems were in place to assess and monitor the quality of service provided to people, identify any improvements required and take action in good time.

The registered manager worked in partnership with external professionals to support safe and joined-up care.

Good Neighbour 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 20 and 21 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Inspection site visit activity started on 20 November and ended on 21 November 2018. We visited the office location on 20 November 2018 to see the registered manager and office staff; and to review care records and policies and procedures. On 21 November 2018 we made telephone calls to people who used the service, their relatives and staff.

Before the inspection took place, we looked at information we held about the service including registration information and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually 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 registered manager and three care staff. We also spoke with three people who used the service and five relatives. We looked at a range of records which included the care records for three people, medicine records, three staff files, training information, minutes of meetings, surveys, audits of the service and other quality monitoring systems.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt the service was safe. Comments included, "I feel safe and happy. I would recommend the service", "I feel both my parents are safe with the carers" and "There is always someone there which gives the family peace of mind."

At our previous inspection in April 2017, we found that the provider did not always follow safe recruitment processes. During this inspection we found that improvements had been made. The registered manager followed their procedure to ensure the safe recruitment of staff. They obtained applicants' full employment history including explanations for any period of unemployment. Satisfactory references, criminal record checks, proof of address, identity and the right to work in the UK were also checked. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people.

There were sufficient staff to provide safe care. People and their relatives consistently told us they received their care visits on time. One person said, "All the carers are always on time." A relative told us, "They are always on time, they have never been late." There was an on-call system operated by the service and staff told us they were always able to contact the registered manager for advice when necessary.

Staff understood their responsibilities to protect people from potential harm and abuse. Staff told us they would ensure that people were safe and would approach the registered manager for guidance if they suspected any abuse was taking place. The registered manager understood their responsibilities to protect people from abuse including raising an alert, investigating concerns and reporting to CQC. The service had a system in place to record relevant information on reported safeguarding concerns, including any external professionals involved. This helped the registered manager to monitor the actions taken to protect people. Safeguarding procedures were discussed at staff meetings so staff were up to date with what actions to take if they had concerns.

The registered manager undertook assessments to identify risks to people. Risk assessments included risks of falls, mobility, bathing/showering and medicines. Staff explained how they managed risks and were confident if they identified that risks were changing, they would get support from their registered manager and any other professionals involved so that the risk assessments were updated. Comprehensive risk assessments had also been carried out for people's home environment to identify and minimise any risks of harm to people and staff. We saw risk assessments had been reviewed yearly or sooner when people's needs had changed.

People were supported to manage their medicines safely. The support people needed with medicines was assessed and documented in their care plan. The service had a medicine policy which gave guidance on safe management of medicines. Staff had received medicines training and their competency was checked during spot checks carried out by the registered manager or senior staff. Spot-checks are unannounced visits to people's homes, to check the assigned care staff member arrives on time and does the job well.

The registered manager and staff understood their responsibilities to record and investigate any accidents, incidents and near misses that may occur. Where incidents had occurred within the service, these were reviewed by the registered manager and actions were taken as necessary. Any concerns and outcomes were shared with the staff team through team meetings and supervision to enable learning and to improve practice. Records were updated to reflect any changes in people's needs to enable staff to support people in a safe way.

Staff had received guidance and training on infection control and prevention and had access to a range of personal protective equipment (PPE) such as gloves, aprons and shoe covers. One care staff told us, "We carry PPE with us and there is always plenty of stock available in the office." A relative said, "When they [staff] arrive they always wash their hands before they do anything and they use gloves."

Is the service effective?

Our findings

People and their relatives told us they felt the staff were trained, experienced and competent in their roles. One person told us, "The staff know what they are doing; they are good." A relative told us, "The staff are trained and use the hoist without any problem." Another relative said, "They seem to be well trained; if new equipment is brought in, the registered manager comes in to check that the staff know what they are doing."

Staff told us they completed an induction when they joined the service which was useful and relevant to their job role. The induction programme was in line with the national Care Certificate. The Care Certificate sets out the learning competencies and standards of behaviour expected of care workers new to care. During their induction staff also completed a period of shadowing where they observed experienced staff carrying out specific duties and senior staff observed them completing tasks.

The service had systems in place to provide staff with the training they needed to meet people's needs effectively and to achieve qualifications in care. Records showed that training provided included safeguarding, moving and handling, health and safety, and medicines. Staff were also provided with training in people's diverse conditions to meet the needs of the people they supported, such as dementia. Staff were supported through regular one to one supervision and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

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.

We checked whether the service was working within the principles of the MCA. The registered manager and staff had received training in the MCA and were able to demonstrate an understanding of how it applied to the people using the service. People had signed to give consent to their care plan whenever possible. Where people were unable to consent due to a lack of mental capacity, people's families and other representatives were consulted to ensure decisions were made in people's best interests.

People's needs were assessed by the registered manager to ensure staff could provide the care and support needed. People's daily lifestyle and routines, cultural needs and interests had been documented and made known to staff, enabling them to provide effective care and support. People and their relatives confirmed they were fully involved in the assessment process and review of their on-going care needs.

Although healthcare appointments were generally made by people or their relatives, staff sought medical advice and assistance for people when necessary. For example, on the day of the inspection, a person contacted the registered manager and informed them that they were feeling very unwell. The registered manager contacted emergency services without delay and requested for an ambulance. The registered

manager provided the person with reassurance and support over the telephone until medical help reached the person.

People were supported with their nutrition and hydration when it was part of their care plan. People's dietary needs were documented along with the food preferences and the support required. Where staff had concerns about changes in people's needs, for example where people had lost weight or were at risk of choking, they sought professional advice in a timely manner and monitored their well-being. People told us that staff always reminded them to eat and drink even when this was not part of their care and support package.

Is the service caring?

Our findings

People using the service told us that staff were kind, respected their privacy and provided them with the support and care that they needed. Comments from people included, "The staff are very kind and caring", "The carer is in the evening is brilliant, he goes the extra mile" and "They [staff] are respectful. I would recommend the agency."

Staff told us they were introduced to people prior to working with them. They explained they shadowed experienced staff so people could get used to them. They felt this helped them build mutual respect. Staff were provided with the information that they needed about each person they would be caring for. People were supported by a small but stable staff team. This ensured consistency in the care and support people received. People told us that care staff were reliable, arrived on time and stayed the allocated amount of time. A person using the service told us that they were kept informed when staff was running late and when a replacement member of staff was being provided. They told us, "If the staff are going to be late they always send someone else, which is really reassuring."

People's care plans stated how they communicated their preferences. The information for staff highlighted what languages people spoke and understood, or if they used glasses or a hearing aid to help them understand what was being said. Plans were detailed and specified what was the best way to communicate with them. A relative told us, "Staff have even tried to learn a bit of our language so that they can communicate with [person]."

People were actively involved in identifying their needs and wishes for their care and support. People and their relatives told us they felt they were listened to by staff and the registered manager, who respected and acted on their requests. A relative said, "I feel very involved in [relative's] care."

Staff told us that they maintained people's privacy and dignity by talking to them and finding out their preferences, likes and dislikes. People and their relatives told us that staff were respectful when delivering care and support, for example, by closing doors, curtains, giving them time and not rushing them.

Staff understood the need to protect and respect people's human rights. Staff had received training in equality and diversity. The service had a policy and procedure to guide staff around ensuring people were not discriminated against on the grounds of diversity. People's spiritual or cultural wishes were respected. A relative said, "My [relative's] religion is respected very much so by the staff."

Staff we spoke with demonstrated a good understanding of people's needs and the importance of encouraging people to be independent. Staff explained how they would encourage people to do as much as they could for themselves, such as encouraging them to maintain their mobility by moving around their home or by assisting with their personal care. This helped people retain the skills they had and encouraged them to maintain their self-respect.

The registered manager and staff were aware of the need to support people to access advocacy services

when required and advocacy information was available to people. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

People's records and information were kept confidential and stored securely in the office, which was accessible to authorised personnel only.

Is the service responsive?

Our findings

People received care and support that was responsive to their physical, emotional and social needs. A relative told us, "I feel very reassured that any issue with care would be managed very efficiently."

The registered manager carried out detailed assessments for people before the start of care packages. Following the initial assessments, care plans had been developed which set out how to support people in a personalised way. People, their relatives and significant others had been involved in the care planning so they could have a say in the care and support provided to them. Care plans covered areas such as personal hygiene, eating and drinking, communication, likes and dislikes, emotional wellbeing and life history. Care plans also included information on people's sexuality, culture and religion. These provided staff with sufficient information so they could respect people's sexuality, faiths and beliefs accordingly. Care plans were subject to regular review which meant they reflected people's needs as they changed over time.

Staff we spoke with demonstrated a good understanding of people's individual care needs. They knew about people's communication skills and emotional needs as well as their support needs, and preferred daily routines. Staff told us it was important to find out as much as possible about people because it meant they could provide personalised care. They said they found out about these details from reading the care plans and spending time talking with people and their relatives. Any changes in people's health or wellbeing were promptly shared with staff so that they had up to date information about people. Staff also completed daily notes during each visit about the care and support that they provided to each person.

People were supported to have information made available to them in their preferred formats, for example, easy read or large prints. The registered manager informed us that they were in the process of reviewing the formats in which information was provided to people to continue to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

The service had a complaints procedure in place which included timescales for responding to any complaints received and details of who people could contact if they were not satisfied with the response from the service. People and their relatives told us they knew how to complain should they have to and were confident if they did, it would be addressed by the registered manager. The registered manager told us the service had not received any complaints in the last 12 months.

The registered manager kept a record of compliments received from people and relatives. Comments from these included, '[Person] told me how lovely you were. We are very lucky to have found you...' and 'Our family is delighted with the care we receive from the agency and you have made a positive difference to all our lives. I would have no hesitation in recommending the agency...'

Is the service well-led?

Our findings

During the last inspection in April 2017, we found that the registered manager did not provide us with all the necessary staff information including two staff member's recruitment details, criminal record checks, reference checks, induction and training records. During this inspection, the registered manager provided us with all the information and records we needed or requested without delay.

People and their relatives told us that they were very satisfied with the way the service was run and would recommend it to others. One person told us, "The agency works well and I am happy with it." A relative said, "The registered manager who runs the agency is very responsive. They always keep me informed of everything I need to know. I would recommend this agency."

The service had clear lines of responsibility and accountability. The registered manager understood their responsibilities and conditions of registration with CQC and notified us of important events that occurred at the service. The registered manager was supported by a team of senior staff. Staff we spoke with were clear about their roles, responsibilities and the reporting structures in place, including for out of office hours. The registered manager was experienced and familiar with the needs of the people they supported. They shared a commitment with staff for providing people with the best care they could, which was person centred, inclusive and open.

Staff told us that the registered manager was very approachable and supportive, and available at any time to provide them with advice and support. Staff said that they were in regular contact with the registered manager and spoke with them and other senior staff about aspects of the service including people's care needs. They knew that they needed to communicate any changes in people's needs and any issues that affected the service promptly.

The registered manager encouraged all staff to work as a team to ensure people received good and consistent care. The registered manager had regularly checked and reviewed the service provided. They audited the care notes staff had completed when providing personal care. They checked these to ensure the care provided matched with the care plans. People and their relatives told us they knew the registered manager very well and that the registered manager had conducted home visits to make sure people were happy with the support they received. The registered manager told us that quarterly telephone surveys were also conducted to ensure people were satisfied with the assistance and support they received.

Quality assurance systems were in place to help drive improvements at the service. These included a range of internal checks and audits which helped to highlight areas where the service was performing well, identify any trends to manage risks and the areas which required further development. For example, there were regular checks to ensure people were supported safely with their medicines and staff were up to date with their learning and development.

The provider had a business contingency plan in place to address any emergency that might affect the running of the service. This provided the registered manager and staff team with the guidance needed to

enable them to continue to support people in an emergency. The registered manager shared lessons learnt with the staff team to improve people's safety and improve the service provided to people.

The registered manager worked in partnership with other organisations to make sure they were following current practice and provided a quality and safe service for people. These included GP's, district and hospice nurses and other healthcare professionals.