Care Quality Commission

Northern Home Care Ltd

Northern Home Care Limited

Inspection report

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Ratings

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

Overall summary

This inspection took place on 23 and 24 Novmeber 2015 and was announced. The provider was given 48 hours' notice in order to ensure people we needed to speak with were available.

Northern Home Care Limited is a small domicillary care agency providing personal care to elderly people in their own homes. At the time of our inspection the agency was delivering 65 hours of care to seven people, and there were three staff (including the registered manager) employed to undertake these hours.

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.

Everyone we spoke with told us they felt safe when the staff were in their homes.

Summary of findings

Everyone we spoke with told us they always see the same staff, so they trust them and have good relationships with them.

The registered manager and the staff we spoke with felt that there needed to be more staff employed by the agency. The registered manager informed us that because they are delivering the care themselves due to being short staffed, they are not able to complete other important tasks. Such as type up changes to plan, or mintues from meetings.

People told us the staff were not required to support them with their medicines.

Staff were receiving regular supervision and appraisal. New staff were provided with a detailed induction programme, which included training in essential subjects, and on the job mentoring.

The agency had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. No staff commenced duties until all satisfactory checks, including Disclosure and Barring Service (DBS) check had been received. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people.

The registered manager had a good understanding of The Mental Capacity Act 2005 (MCA) We could see that most of the people using the service had capacity and had consented to their care being carried out, and those who did not had family members who made decicions on their behalf who had legal authority to do so.

Staff we spoke with were happy with their rotas, and people we spoke with told us staff always came when they were expected and called them in advance if they were running late.

Risk assessment's were in place for people and they had been reviewed, however, some of the information relating to the risk was lacking in detail.

Person centred plans did not reflect the level of knowledge the staff displayed when we spoke with them about the care they delivered. Key information was missing from these plans.

Most of the staff training was in date, however we could see some of the training dates on certificates had expired. The registed manager showed us that the staff members were due to attend the courses in the next few weeks, we saw evidence to confirm this had been arranged.

Staff told us they recieved regular supervision and we could see evidence this had taken place.

People who used the service and the staff were very complimentary about the registered manager.

There were systems and processes in place to access the quality of the service in the form of questionnaires. These were sent out to people who use the service. The completed returned questionnaires had not been analysed and a report had not been produced due to a poor return. The manager explained that due to the size of the agency, they felt face to face feedback gathering was more benifical. However this was not documented.

We saw people's care records lacked information and were not of good standard, they were also disorganised and not well maintained.

During this inspection we identified one breach's of the Health and Social Care Act 2008. Regulation 17 Health and Social Care Act 2008 (RA) Regulations 2014 (2) (d) Good governance .

You can see what action we told the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staff were recruited appropiatly and checks were undertaken before they started work.

Everyone we spoke with told is that they felt safe.

There was currently no one receiving medication, however the service had procedures in place, such as staff training, for the safe administration of medication.

Risk assessments that were in place were not thorough and lacked specific details such as how the staff should manage any identified risk. Reviews of risk assessments had taken place.

There were not enough staff employed by the service to complete people's care. However the registered manager worked alongside the current staff team to provide any additional cover.

There was a safeguarding policy in place and staff confirmed what action they would take if they suspected abuse.

Is the service effective?

Good

The service was effective.

Staff demenstrated a good knowledge of the people they supported and training showed staff had attended most training and were booked on to attend the rest.

The provider was adhering to principles of the Mental Capacity Act 2005 (MCA) and DoLS.

People told us they had home cooked food as often as they liked from the staff, and not just microwave meals.

Is the service caring?

Good

The service was caring.

Everyone we spoke with told us they looked forward to seeing the staff and they felt the staff cared for them.

People told us the staff respected their dignity and the staff were able to give us examples of how they did this.

Summary of findings

Staff told us they try to encourage people to do as much for themselves as possible so they maintain their independence.

Is the service responsive?

Good

The service was not always responsive.

Everyone we spoke with told us the staff deliver a person centred service.

All of the care plans we looked at were lacking in person centred information.

There were no complaints on file for the last twelve months however there was a complaints procedure and people we spoke with told us they knew how to complain.

Is the service well-led?

Requires improvement

The service was not always well-led.

Peoples care files were not of good quality and lacked information around risk and person centred care. People's care files were also disorgnaised.

The manger was part of the small team which delivered the care to people. everyone we spoke with told us they knew who the manager was.

People and staff were complmentary about the registered manager.

The culture of the organisation was very caring, and the registered manager clearly led by example.

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.

This inspection took place on 23 November 2015 and was announced.

The provider was given 48 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 one adult social care inspector.

Before the inspection we reviewed the Provider Information Record (PIR), and previous inspection reports. 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 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 three people who use the service and one relative by telephone. We also spoke with the registered manager, and the two members of staff. We also inspected a range of records. These included seven care plans, two staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments included "I feel very lucky to have them [staff]." Also "They have taken such good care of me" Another person said "They are angels, I would be totally lost without them looking out for me."

We looked at rotas. The structure of Nothern Homecare Limited included the registered manager working alongside the support staff for most of the week. We could see the hours were covered between the three staff. People we spoke with told us they did not have any issues with people coming late, as this never happened. None of the people we spoke with had ever experienced a missed call. One person said "I feel so safe knowing I can call the staff up and they will come back to make sure I am okay if I need them too." This person gave us an example of when they had to call the staff back after the call had finished as they had a problem with some equipment in their home. The staff member came back to help them.

The registered manager and staff we spoke with felt there should be more staff employed by the service. The registered manager told us that even though they enjoy supporting people, it does take them away from making sure the agency is running smoothly. We did see evidence of this, such as poor plans and record keeping, and some training refresher oversights The people who used the service were unaware of the staffing issues because the staff and the registered manager worked cover out between them to ensure people did not not go without a visit. We felt that the manager was not equipped with the current staffing level's to support people if their needs changed. For example, if someone who required one care staff was re-assessed as requiring two, there was currently not enough staff employed to facilitate this need. Also, if the two staff employed by the agency went off work ill at the same time it would only leave the registered manager to complete all of the care themselves, or by using agency staff.

Staff we spoke with were able to explain the procedure they would follow if they felt someone was being abused. We could see there was a safeguarding policy in place. We did notice the policy did not have a date on it, so we could not tell when it was due to be reviewed. The registered manager told us they would rectify this.

Staff we spoke with could clearly explain what whistleblowing was, and told us that they would not hesitate to enforce this policy if they felt it was needed.

Everyone who used the service had been initially assessed by the registered manger. We could see this assessment had captured potential risks that the person may be exposed to, for example, falling at home. We could see a risk assessment had been completed for each of the identified risks, however we saw the information was not sufficiently detailed or robust. We saw that new staff would be at risk of not having all of the information they needed to minimise the risk. The staff we spoke with demonstrated comprehensive knowledge of the people they supported, based on the fact that they had gotten to know them so well by talking to them. **We recommend that the provider refers to guidance regarding assessment of risk and risk management planning.**

We looked at procedures relating to medications. We were told by the registered manager that no one who uses the service currently requires support with medication, so we were unable to check medication administration record sheets (MARs). However, we did query exsisting training for medication, and found it had expired for one staff member. We did see they were booked on a course to have this refreshed. People we spoke with confirmed that they did not require support with their medications.

Good

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 "Oh yes, they are very skilled." There was a training plan in place. The registered manager explained that they book external training courses for the staff to attend as there are only two members of staff currently employed. We saw some certificates of training which had been attended by staff. We noticed some of the training had lapsed, which we highlighted to the registered manager. In response they showed us some recent bookings for course's were staff would be attending shortly. The staff we spoke with confirmed they had been booked on to these training courses.

We asked staff about their supervision and how often it took place. We could see supervision had taken place regualry for staff members, the last one was in October 2015.

The registered manager and staff had knowledge of the Mental Capacity Act (MCA) (2005) and their roles and responsibilities linked to this. Staff support was available to assist people to make key decisions regarding their care.

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.

There was no one being deprived of their liberty at the time of our inspection. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Two of the people who were being supported by Nothern Homecare had family members who could make basic desicions for them. This is called Lasting Power of Attorney (LPA). However this was not documented in people's care plans. We highlighted this to the registered manager at the time of our inspection.

We asked people if they were happy with the support they were receiving with their meals. Everyone told us they were very happy with this. One person said "I don't just get a microwave meal, they will make me a casserole and leave it for me to heat up, all home made." Another person told us that the staff have even stayed for longer and made them a roast dinner. Someone else told us, "They never leave without seeing I have my food to hand. They are very good". The registered manager told us that it was important to make sure people eat a full and varied diet. A staff member we spoke with said "I would not want to live on microwave meal's, so why should they."

People told us that the staff have called the GP on their behalf on at least one occasion, although this was not required all of the time most people were able to do this for themselves, or they lived with family members who would do this on their behalf. .

Good

Is the service caring?

Our findings

Everyone we spoke with were extrmemely complimenatry about the care they received from the staff. One person said, “I just feel so lucky to have them.” Other comments included “They are angels.” And, “They are just an extension of my family.” Someone else said “Nothing is too much trouble, they go out of their way for me all of the time.”

People gave us examples of how they are actively involved in the coordination and control of their care. One person said “Its very flexible around my needs. If I am having a bad day I can just call them [staff] up and ask for a visit to help me out. If I am feeling okay I can tell them not to come. I never get charged anything extra.”

People we spoke with were able to describe their relationships with the staff. It was evident from talking to people that the staff who supported them had done so for a number of years, and there was a good rapport with them.

People told us the staff provided care in a way which was important to them. One person said “They know my little ways and what I like and don’t like.” As we were unable to observe any interactions between staff and people who use the service, we asked staff what they felt was important when providing care to people. One staff member we spoke with said “The right attitude is important and to remember we are dealing with a human being and it is not just a job.” When we spoke with staff they demonstrated a thorough knowledge of the people they supported and were able to explain in detail how they respected people’s diverse choices. One staff member said “Everyone is different, and what is right for one person may not be right for the other, we are all people at the end of the day.”

One person gave us an example of when a member of staff had volunteered to come and take them christmas shopping because they did not want to go on their own. The person was not charged any extra and they enjoyed the shopping trip with the member of staff.

People told us they had care plan’s in place, but could not recall being involved in reviews. Everyone we spoke with told us the staff kept a record of what they do for them in a communication book. We saw completed examples of these records.

We asked staff how they ensured they protected peoples privacy and dignity when providing personal care. The staff gave us examples of how they do this, such as ensuring that windows are closed, people are covered as much as possible and they take their time and do not rush people.

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

Good

Is the service responsive?

Our findings

All of the people we spoke with told us they had never had to make a complaint. People were given a 'Service User Information Guide' at the commencement of their care, and the complaints procedure had been given as part of this documentation. We asked the registered manager if the complaints procedure was available in different formats, for example easy read, we were told they were not available at present, but the registered manager would be reviewing this. We were unable to see any other formats of the complaints policy.

There was a procedure in place for reporting accidents, incidents and near misses, and the staff we spoke with confirmed this procedure had been discussed with them as part of their supervision.

People we spoke with told us that they received a 'person centred' service from the staff. This included confirming the care was at times that suited them, and met their needs. One person gave us an example of how they had asked the manager to change their call time to an earlier time and this was actioned straight away. The person said "Nothing is too much trouble for them."

People confirmed that the gender of staff was never an issue. We asked the registered manager how they would support someone who requested a male support worker, as at present there were only female members of staff working at Northern Home Care. The manager informed us they had been actively trying to recruit more staff to extend their service.

We asked people what the they would like to see improved about the service. No one could think of any improvements that they would like to see the provider make.

Staff we spoke with knew each of the seven people that Nothern Home Care Limited supported by name, and could give accurate details of what that person liked, disliked and what is important to them. The care plans we looked at however did not contain this information. We found they were lacking in detail and did not give us a good indication of how the person wanted to be supported and what the support means for them. For example, we looked at one care file and there was no background information, likes or dislikes or personal interests documented for that person. The other care files we looked at were also lacking in detail. The lack of personal information could pose a risk to the person such as new staff not having a good understanding of their care needs before they support them. We fed this back to the registered manager who explained reviews were going to be taking place which would capture more of this information.

We recommend that the provider considers current relevant guidance in relation to assessment and planning care and takes action to update its practice accordingly

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post who had been there since the service opened.

The registered manager was implementing new quality assurance systems. However these were not in place yet. We were unable to get an understanding of what people who use the service would expect from their care staff based on the plans we looked at. We found care files to be disorganised, for example there was some information in a care plan from 2008, mixed in with information from 2015, so it was difficult for us to track peoples needs as they changed. This was the case with all of the care plans we looked at. We highlighted this to the registered manager at the time of our inspection, who informed us that all care plans were going to be revised to include more person centred and up to date information and to also be organised better. The registered manager agreed with us that the care plans were lacking in this information. We did see evidence that the registered manager had a plan in place to address these issues.

This is a breach of Regulation 17 Health and Social Care Act 2008 (RA) Regulations 2014 (2) (c) Good governance, because care plans lacked detail and were not person centred.

We could see that other quality assurance systems were in place. We looked at an example of these, and could see the registered manager had sent multiple choice questionnaires out to the people who used the service to ask for their feedback. There was a poor return with these questionnaires. The registered manager explained that because there was such a small number of people using the service, quality assurance was mostly gathered on a face to face basis. The registered managered explained that they are able to do this as they support people in their home's as part of the staff team. People we spoke with confirmed that they have regular support from the registered manger, and also confirmed that they would feel confident rasing any issues. However, there was nothing written down to support this type of information gathering had taken place.

The staff we spoke with told us that the registered manager was approachable. One staff member said "She [registered manager] would never ask us to do anything she would not do herself."

We saw that supervsions had taken place. When we asked about team meetings the registered manager told us the staff met up every week, and as there were only three of them, they talk everyday on the phone. We were unable to see any written minutes of these meetings, however the staff we spoke with confirmed this takes place.

Staff we spoke with were highly motivated and told us that they loved their job. One person said the registered manager was "Brilliant."

All of the people we spoke with told us that they felt the agency was well managed and they enjoyed the consistency of the staff. One person said "You just would not get that anywhere else." When we asked people if they would recommend the agency to friends or family everyone told us that they would.

The manger was knowledgeable with regards to what needed to be reported to CQC and explained to us the procedure they would follow to do this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider must ensure all care plans are person centred and contain appropriate information.** (2) (c)