

Allbest Solutions Limited

Northpoint House

Inspection report

52 High Street, Knaphill
Woking
GU21 2PY

Date of inspection visit:
17 January 2020

Date of publication:
19 February 2020

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

About the service

Northpoint House is a domiciliary care agency providing care to older people who live in their own homes and flats. The office is based in Woking and all the supported people live in the local area.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were two people receiving support with personal care at the time of our inspection.

People's experience of using this service and what we found

People received care and support responsive to their needs and lifestyle choices. Staff supported people to feel in control of their lives and encouraged them to accept care in a gentle and kind way, respecting their wishes and choices. People were treated with dignity and their independence was promoted by staff.

People were protected from avoidable harm by staff who knew how to support them safely and what to do should there be any concerns around their health, safety or wellbeing. The provider had good systems in place to address any potential risks to people and safeguard them from abuse.

The provider involved people and their relatives in care planning and ensured that open and transparent communication was in place, enabling them to provide ongoing feedback and working proactively to address any changes. Staff worked with people's families to source additional support and refer them to appropriate healthcare services when needed.

Staff received training and support to be able to provide quality care. People were encouraged and supported to access their local community. The provider ensured the care visits were timely and flexible. The registered manager followed safe recruitment practices and ensured only suitable staff was employed by the organisation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider championed positive and open culture where people were treated in a personalised and inclusive way. The registered manager implemented good governance systems and monitored care delivery effectively to ensure continuous development of the service in line with national best practice guidance and legal requirements. The provider worked in partnership with local authority, healthcare professionals and other care providers in the local area.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 19 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Northpoint House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The registered manager requested to delay the office visit to enable them to ensure the inspection did not disrupt people's care. We accepted this request due to the size of the agency to ensure people received appropriate care and support.

We visited the office location on 17 January 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted Healthwatch prior to the inspection to gather any

feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed information provided to CQC at the point of registration. There were no notifications of significant events submitted from the service to CQC since registration. We used all of this information to plan our inspection.

During the inspection

We talked to two relatives of the people using the service. We spoke with registered manager and two other staff members. We reviewed two people's care and medicines records. We checked three staff files in relation to pre-employment checks and training records and a range of management records, including quality monitoring checks and the provider's policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further care and mental capacity records and provider's management records including service development plan.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- There were clear systems in place to record and manage medicines. The registered manager completed regular checks of medicine administration records to confirm people received their medicines as prescribed. The action taken based on the findings was not always clearly recorded when people received shared support from staff and family. We discussed this with the registered manager who made some immediate changes to ensure this was clearly reflected in their medicine audit records and action plans.
- Staff were trained to safely support people to take their medicines. A relative told us, "They [staff] do explain to [person] what they are taking and they [staff] would discuss with me any changes to their needs when it comes to medicines." They explained that their relative's needs had changed, and staff reacted quickly to provide more support and to ensure the person does not forget to take their medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and risk of avoidable harm. A relative told us, "I trust them, they keep [person] safe." Another relative said, "I know I can go to work and [person] is safe. I have no hesitation with them."
- Staff knew how to raise safeguarding concerns. A staff member told us, "We have incident forms which I would fill in and I would also call the office straight away if needed. If someone would be in danger, there is also a safeguarding number for local authority in people's homes." Staff felt supported by the provider to contact the local authority when needed.
- The provider had robust safeguarding and whistleblowing policies for staff to follow which ensured there were systems and processes in place to protect people. Staff were trained in safeguarding. The registered manager also showed us the contact list with local authority contact numbers which was easily available for staff in the office.

Assessing risk, safety monitoring and management

- People were protected from risks. A relative told us, "[Person] is well looked after, without (the support) it could quickly go downhill for them." Staff we spoke to knew how to spot changes in people's conditions and address any potential risks such as risk of self-neglect or health and safety risks.
- Risks to people were assessed in their care plans. We saw evidence of risks being recognised and measures put in place to protect people from avoidable harm. For example, one person was supported to ensure that their gas and electrical appliances were switched off after use. Another person was identified as at risk of self-neglect and they were encouraged to maintain a high level of personal hygiene to maintain healthy skin. This was monitored by staff who knew how to address any changes in the level of recognised risk and guidance was provided in the person's care plan.
- The provider had a robust policy for risk assessing and had put systems in place to monitor care provision.

Changes to risks to people were also addressed during regular visits to people's homes conducted by the managers.

Staffing and recruitment

- The provider ensured appropriate numbers of staff were employed to provide people with care. A relative told us, "They have been brilliant with [person], same carers visit and it is important for them. They come on time and they stay as long as it is needed, they would always call if, for example, they were running a bit late when caught in traffic."
- The registered manager ensured that there were enough staff to provide people with flexible care meeting their needs and lifestyle preferences. A staff member told us, "It is working all right, we do not have too many clients." The staff member explained this allowed flexibility in planning visits and responding to people's changing preferences. The registered manager monitored the timeliness and duration of care visits to ensure people received good quality service.
- The provider was prepared for the service development and aware of how to ensure there was no impact on the care people were currently receiving should the service grow. The registered manager was in the process of sourcing an electronic system which would enable them to monitor when staff arrive at calls to support people and when they finish their visit. They explained this would guarantee any shortfalls could be addressed in real time, so care visits were not missed once the service supports more people.
- The registered manager followed safe practices when recruiting new staff. They obtained proof of identity and address, proof of right to work in the UK and references. Staff also underwent a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Preventing and controlling infection

- People were supported to maintain high level of housekeeping in their own homes and staff protected them from risk of infections. A family member told us, "[Person] wants to live at their own home. We saw a radical change as the place is cleaner and tidier and staff managed to do so, it gives us peace of mind that someone is on top of that." Staff told us they regularly supported this person with housework tasks.
- Staff knew how to prevent the risk of infections. Staff confirmed they were trained in infection control and had access to protective personal equipment (PPE) both in the main office and in people's homes.

Learning lessons when things go wrong

- The registered manager ensured lessons were learned as the service developed. They had good working knowledge on how to support staff, review care and ensure effective and timely communication between staff and with families should things go wrong. The registered manager told us, "When unforeseen events happen you always learn something and become more aware and change for better."
- Although no incidents and accidents happened since the service was registered, the provider learnt from feedback they received and improved communication and monitoring of staff attendance on care visits. The provider had a clear procedure on reporting incidents. Staff confirmed they had access to incident reporting forms in people's homes and knew how to alert management when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager was aware of Mental Capacity Act Code of Practice and worked in line with its principles. We asked the registered manager how they obtained people's consent. We also discussed how they identified people who had fluctuating capacity or who lost their capacity to provide valid consent as their dementia progressed. The registered manager worked in partnership with social services and people's families when comes to capacity assessments and best interest decisions and updated the care records immediately after the inspection.
- One person who lived with dementia was previously assessed as likely to lack capacity to consent for some of the support measures to prevent health and safety risks at home. The registered manager ensured that this was discussed with the person, their family and social services and support measures were put in place. Staff were aware of the correct action to take to support the person in line with the MCA principles.
- Staff were aware of how to encourage people to make their own day to day choices and respected them. A relative told us, "There are no 'instructions' given (by carers), it is all at their own pace, how they want things done. [Staff] ask about options, they involve them in everything."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured people's needs and choices were discussed with them and their families and included in their care plans. The initial care plans included information on people's support network, what was important to them and their preferences, what activities of daily living they needed support with and how to protect them from risks. These were later regularly reviewed by the registered manager who arranged meetings with the person and their family to discuss any changes.
- The provider had good working knowledge of current best practice guidance and person-centred care and kept themselves up to date with any changes. They used an electronic system and updated their policies

and procedures when changes to legal requirements were communicated to them. They also had a database of different care planning tools which adhered to best practice national guidance and were ready to be implemented in case people's needs changed or the provider decided to support new people with different needs.

Staff support: induction, training, skills and experience

- Staff were competent and had relevant training which enabled them to provide good quality support to people. One staff member told us, "I had mandatory training, all the usual courses and this was face to face." We saw training records confirmed they completed the relevant training such as handling medicines, safeguarding, dementia, manual handling and food safety.
- The registered manager ensured staff were supported and their competence was regularly checked. One member of staff told us, "I do have spot checks (observations of practice during work) and supervision and appraisal, it helps to air concerns, but I communicate with management regularly, so I feel supported to provide good care."
- The provider ensured staff completed national vocational qualifications in health and social care which enabled them to have the right knowledge and skills to be able to support people in their own homes. Staff were also encouraged to spend time in the office to update themselves with changes to best practice national guidance and discuss people's individual needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff ensured that people's nutrition and hydration needs were met. People's care records included information on support required with preparation of drinks and meals, this ensured staff were aware of how to meet each person's individual needs. Staff were aware how to report any concerns to the GP when people may be at risk of poor hydration or malnutrition.
- Staff worked closely with families to ensure people enjoyed their meals and were encouraged to have regular drinks. A family member told us staff involved people in preparation of drinks and often sat with them for a cup of tea. Staff also supported people to prepare meals of choice or to do shopping when needed.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health and social care services which they benefited from. One relative told us, "The carers make suggestions and observations and we act together to address any needs." The relative explained to us staff made suggestions on skin care and nail care and commented, "It is good for us to have professionals helping." The provider worked together with families to enable people to access health professionals such as GP or chiropodist.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff were caring and treated people with compassion, valuing them and respecting their individual personalities. One relative told us, "The thing that impresses me the most with them is that they treat [person] almost like a member of family."
- Staff spoke about people with respect and knew how to address their needs and wishes with kindness and understanding. A relative confirmed this approach benefited people, "[Person] thinks they do not need any help, but they do. We tried (care visits) before and they always got rid of carers, it has been working with them though. [Person] does not say much about them, they are quite relaxed about it." The relative explained to us the person felt comfortable and support was provided in a gentle and non-intrusive way which helped them to accept help and still feel in control.
- People received care that was dignifying and promoted their independence, because staff were patient and supportive. A relative told us, "I think they are caring and kind. They showed tremendous patience to persevere, now my mum is more comfortable than before."
- Staff told us how they used gentle prompts and reassurance to involve people. They told us how one person was more likely to accept support due to this approach and became very talkative, laughed more than previously and even joked with staff. Staff said, "She often comments when we leave 'I really enjoyed my day'." The relative confirmed this feedback.
- The provider's culture promoted equality and diversity. The business partner told us, "Our company promotes diversity and inclusion. We study it ourselves and we are aware of different cultures and how this is important to people". The provider explained how they introduce equality and diversity principles to staff at early stages of their induction. For example, they ensured staff were aware how people's culture may affect their preferences around support with personal hygiene.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. The registered manager told us how they would make sure relatives could support people to voice their opinions. They said, "We would review care by meeting face to face, we set time to fit the relative's schedules as well. We can visit late afternoon, in the evening or at weekends to speak to them and see what they want to improve, how they see us and how they feel about the care they receive." Relatives confirmed this. One relative told us, "I was involved in setting up and reviewing the care plan."
- People were encouraged to express their views and be involved in their day to day care. One relative told us, "The care is excellent, they are really people focused, so caring with her, speak to her so well and it is all about her, they include her and ask her about everything." The relative explained how staff involved the

person in making breakfast or cleaning the house and respected their choices.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care meeting their needs and preferences. One relative said, "I think (the care) is good, gives [person] more structure as they were at home on their own before." The relative explained how carers helped the person to be more active and enjoy companionship and regular outings.
- Staff proactively addressed changes in people's health or care needs and consulted with families to improve the support where appropriate. One relative said, "I have confidence, they make a lot of suggestions to me and are proactive. I would highly recommend them."
- People were supported to enjoy activities of their liking and go out in to the community. A relative told us, "They go off to the garden centre, and to the town centre. It is important for [person] to be in the community, they seem to understand that and offer support." Staff told us how they supported people for hairdressing appointments, walks and trips into local towns.
- People's records confirmed care was planned to address their needs around personal care, emotional and social support and housework. People's preferences were also recorded. The care plans were short and succinct, respecting people's independence and privacy, but giving enough information for staff to be able to provide quality care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with people effectively. They were aware of how to reassure people and how to encourage them to communicate freely. For example, staff explained they knew when one person was becoming distressed as they were asking about their family member and when would they come back home. Staff explained how they reassured the person, confirmed when the relative would be home and re-directed the person to favourite activities to minimise their anxiety.
- People's care plans included information on any sensory impairments and needs around their memory and emotional support. All supported people could communicate verbally and had access to their care records and information about the service in 'service guides'. The registered manager was aware how to enable people to access information, for example by providing it in large print if needed.

Improving care quality in response to complaints or concerns

- People and their relatives were encouraged to provide feedback and felt listened to. One relative told us, "I

am not sure if I have been told how to make a complaint, but I have the phone number and address of the office. I also have good regular contact with management via text and email. I know how to make a complaint and I am sure I would be listened to."

- The provider had a robust complaints policy in place. People were informed how to complain in the 'service guides' which also contained agency's contact details, contact details to ombudsman and CQC. There were no formal complaints placed with the provider since registration.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider promoted a positive and caring culture of openness and team work. They started providing care in the community with emphasis on good communication and a caring approach both to supported people and their staff. The business partner said, "We worked with different companies in the past and we could see how the staff were treated and what the communication was like sometimes. We were also worried when clients were not getting timely responses."
- The registered manager had strong caring values and said, "We want to ensure we are like family here. You have to have respect for care staff and you need to work closely with them especially if they struggle". The registered manager ensured that on call support was always available for people and staff and the office landline phones were diverted to mobile numbers when the office was unoccupied.
- The registered manager and business partner regularly met to discuss continuous development of the service and make improvements. We saw records confirming that actions were taken to review people's care, their feedback, work performance and governance systems. These actions were identified by managers and signed off when completed.
- The registered manager ensured that the systems and processes in place were closely monitored as to their effectiveness and continuously developed to prepare for any future changes in the size of the service. For example, the registered manager told us about a new system they were implementing to monitor care calls and recruitment plans were in place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and business partner were involved in the care provision and day to day running of the service which enabled them to closely monitor quality and safety. Both managers supported people and provided care. Staff said, "I am satisfied as I can see they work well together. They will do very well, those two."
- The registered manager completed regular audits of the service, including review of risks, changes in people's needs, incidents and accidents and safeguarding. As the service was very small, changes in care and its quality were addressed with people and their families on an individual basis. The provider was aware of their responsibilities regarding good governance and service overview and had policies and procedures in place.
- The provider monitored quality and development of the service closely to ensure people received good

service. The business partner told us, "We just started and decided to keep it local to get better outcomes instead of confusing what we do. We go bit by bit when comes to service development to make sure we provide quality care."

- Staff were clear on their roles and responsibilities and felt supported in their day to day work. One staff told us, "Once in a while I have a call (from management) and it makes me relaxed as they check if all is ok at work and if there are any concerns to be addressed."
- The registered manager had good record keeping systems. However, as the company grows this required continued attention from the registered manager. For example, the recording of mental capacity assessments processes and best interest decision required closer monitoring. This was an area for improvement that was followed up by the management.
- The registered manager understood their legal responsibility to notify CQC about certain important events and were aware on how to work in an open and transparent way. There had been no incidents which required a report or notification to be sent to CQC since registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in improving the service and felt listened to. One relative told us, "I do feel involved, communication is open and documented. I have clear feedback. They keep me informed, we have a folder at home and I can read what is going on daily." Another relative said, "I am well communicated to and when I get home we discuss how the day went."
- The provider had systems in place to regularly gather and action people's comments regarding the quality of the service. The quality survey was planned to be repeated shortly after the inspection. This was to ensure people who recently started using the service could share their views. The registered manager also regularly visited people at home to gather their feedback or contacted their relatives via telephone. Relatives we spoke with confirmed that this happened.
- Staff felt supported and well informed of any changes. A staff member told us, "[The business partner] is very good at communicating with the family, if anything changes we would know as we work closely with families and we communicate well in the organisation. There is always a manager to reach out to, just a phone call away and I would receive information on any changes by email."

Working in partnership with others

- The provider developed positive working relationship with social services and other care providers in the area. They were also aware how to link with different support organisations, for example those supporting people living with sensory impairments. Staff empowered people to be part of their local community and regularly use the services in the area. For example, one person was visiting a local hairdresser with support of staff.