

Community Care Investment Group Limited

Neighbourhood Care HQ

Inspection report

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16 September 2022

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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

About the service

Neighbourhood Care HQ is a domiciliary care agency providing personal care to people in their own homes. The service operates in Burnham-on-Sea and Highbridge areas of Somerset. At the time of our inspection there were 45 people using the service.

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.

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

People received safe, consistent, reliable care. People's support was delivered on time and there were no missed visits. Staff were supported well by managers and an out of hours on call system.

There was a positive staff culture, led by an experienced and dedicated management team. Staff were proud to work for the organisation and were valued and appreciated. Staff were recruited safely and were supported by an induction, supervision and training programme which enabled staff to develop and continually learn.

People were supported by kind, caring staff who were skilled and knowledgeable. People told us staff treated them with respect and dignity. People's privacy and independence was promoted.

Care plans and risk assessments were person centred. They gave clear information and guidance about how to support people safely and in their preferred way. People's consent was always sought and respected.

The service was well led and managed. Systems were in place to monitor and review the quality of the service. There was an open and honest culture where people and staff were encouraged to raise and concerns or issues. Reflective practice took place. People and relatives' feedback was sought and acted upon.

We received consistently positive feedback from people, relatives and staff about the way the service was managed, organised and the quality of care received.

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.

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 initially registered with CQC in 2011. The service changed its legal entity on 20 May 2021 and this is the first inspection under the new registration.

The last rating for the service under the previous provider was good published on 10 October 2019.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Neighbourhood Care HQ on our website at www.cqc.org.uk.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

Neighbourhood Care HQ

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 Health and Social Care Act 2008.

Inspection team

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

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. 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.

Inspection activity started on 15 September 2022 and ended on 16 September 2022. We visited the location's office on these dates.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with ten staff members which included the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with eight people who used the service and five relatives. We received feedback from one health and social care professional. We reviewed a range of records. This included five people's care and medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this first inspection under the new registration the rating is good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I do [feel safe], yes." Another person said, "I feel very, very safe. They respect me."
- Staff had received training in safeguarding and knew how to identify and report any concerns. One staff member said, "I would report any concerns to the office."
- The service had reported safeguarding concerns to the local authority and CQC as required. Findings and actions from safeguarding concerns were communicated to the staff team.

Assessing risk, safety monitoring and management

- People were supported safely. Individual risks to people were identified in areas such as skin integrity, mobility and health conditions. One person said, "I can't fault them [staff]. I feel so safe in their hands I am grateful for them. They hoist me out of bed dress me and put me in a chair, they are marvellous."
- Risk assessments gave information to staff, for example around people's health conditions. Staff were guided how to manage known risks, whilst facilitating people's independence. For example, signs to observe and actions to take for one person who had a history of strokes.
- Care plans gave information around people's equipment and their personal environment to ensure they and staff were kept safe.
- A business continuity document planned for events such as severe weather, loss of utilities and pandemics. There was an on-call system for out of hours support. One staff member said, "We have on call for back up. We are clear on procedures if there is an emergency."

Staffing and recruitment

- People were supported by a consistent team of staff who knew people well. One person said, "I have different carers, but I do know them all." A relative said, "We have no problems [with staff]. They seem quite well off with staff." A staff member said, "We have a consistent staff team and we are always OK staffing wise."
- We received positive feedback about the punctuality and reliability of the service. No one had received any missed visits and staff ensured they completed the time allocated. Comments from people included, "They are very rarely late," "That is one thing they are very good at, timekeeping," "Sometimes [staff stay] longer, they never rush me," "I can get agitated and they will stay and talk to me" and "They never book out early."
- The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included confirmations on previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The registered manager planned interviews carefully to ensure recruitment information required was obtained and staff employed had the right attributes for the role.

Using medicines safely

- Medicines were managed and administered safely. Staff spoke positively about the training provided in medicines administration. One staff member said, "I had medicines training in the office and I was observed in the customers home."
- People told us they were given their medicines as prescribed and on time. One person said, "[Staff] are very careful with my medication and they only hand them to me. I always take them at the same time every day."
- Medicine administration records (MAR) were fully completed and regularly audited. Staff were clear on procedures to follow in the event of an error or any medicines concerns. A staff member said, "Medicine and creams are a big responsibility. They [managers] were supportive and talked me through things. I can always check with on call."

Preventing and controlling infection

- There were suitable systems to help prevent and control infection. People's care plans detailed infection, prevention and control (IPC) measures in their home which staff should follow.
- Staff received training in IPC and COVID-19. We were assured that the provider was using PPE effectively and safely. One person said, "They [staff] come in wearing their aprons, masks and gloves."
- The provider's infection prevention and control policy was up to date. Staff we spoke with were clear on procedures to follow.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Actions were taken to prevent recurrence and keep people and staff safe.
- Communication systems ensured information and learning was shared with the staff team. For example, through incidents, complaints or safeguarding concerns.

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.

At our last inspection we rated this key question good. At this first inspection under the new registration the rating is good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received a supportive programme of induction, which was aligned with the Care Certificate. The Care Certificate is a set of standards that define the knowledge, skills and behaviours expected by staff, specific to job roles in the health and social care sector. One staff member said, "It is instilled in the induction about the quality of care."
- Staff told us and records confirmed staff received regular support and supervision. One staff member said, "I feel supported."
- Staff received mandatory and additional training relevant to people's needs. Staff spoke positively about the practical training which had improved their awareness and practice. For example, in dementia and end of life care. Additional training was offered for staff to progress and develop their qualifications. One staff member said, "I feel I am forever learning, it's incredible." Another staff member said, "Training is brilliant." A relative said, "The staff I have met are definitely knowledgeable."

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

- Information in care plans detailed the support people required with eating and drink. A staff member said, "I get meals ready, I do breakfast and teas. I prepare what people choose." One person told us, "[Staff] get my breakfast for me. They ask me what I want, which is usually toast, but occasionally I will want cereal. They know where everything is."
- People's preferences around food and drink were documented. For example, one person's care plan said 'I like strong coffee, with no sugar. I like ice cubes in my cold drinks.'

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs as described in their care plan. One person said, "They do their duty quite alright."
- People and relatives gave us examples of when staff had made healthcare observations and escalated their concerns to ensure people received the necessary health care. One person said, "[Staff] have helped me call a doctor once." Another person said, "This is a positive thing, they have had to call the district nurse for me, twice."
- The service worked in partnership with other health professionals. For example, GPs and district nurses.

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 MCA 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.

- People's capacity had been considered and assessed as required for specific decisions in relation to people's care. The registered manager had followed appropriate decision making processes with professional and family involvement.
- Staff understood the principles of the Mental Capacity Act (MCA) 2005. People's choice and wishes were promoted and respected at all times. One person said, "They always ask before they do something." A staff member said, "We always give people a choice, we never assume."

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

- People had an assessment to ensure the service could meet their needs. The registered manager ensured the service had staff available and trained to meet people's needs before care commenced. One person said, "When they came in the beginning, they asked me lots of questions. Since then a carer has added something to the care plan. I am happy with it." A relative had called and complimented the service after an assessment took place saying it was informative and they felt put at ease.
- People's protected characteristics under the Equality Act 2010 were identified in care plans and respected. This included people's needs in relation to their culture, religion and sexuality. For example, one care plan said, "I am a Baptist. I have no particular routines around this."
- People's wishes of the gender of carer to support them was followed. A relative said, "[Staff] are very respectful with everyone."

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.

At our last inspection we rated this key question good. At this first inspection under the new registration the rating is 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

- People were supported by kind, caring and consistent staff. Staff prided themselves in delivering quality care in a person centred way. One person said, "[Staff] are very kind and considerate, they need a medal. They do it with great passion."
- People had developed positive relationships with staff. New staff were introduced alongside a familiar staff member. One person said, "They are brilliant company." A relative said, "I am a tough cookie to please, but they go above and beyond."
- Staff and managers thought creatively about ways to ensure people were well treated and felt part of the community which the service had developed. This ranged from individual trips to the barbers and meals out to treating people to pamper sessions, gifts and activities of their choice. One person said, "They are very caring, they all seem to like their job." A relative said, "They have sent me a video of them singing together and they have taken [Name of person] out for a haircut. This company is so accommodating."
- The service had received several compliments and positive reviews on an independent website of care. One compliment said, "Carers were absolutely brilliant. Nothing was ever too much trouble and the care staff were so gentle and kind."
- People's individuality was respected. Staff we spoke with could demonstrate how they adapted their approach to meet people's needs. One comment left said, "Thank-you so much for organising the care for my mum, it is credit to you and your team that despite the language barrier [staff] provided excellent support and attention."

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

- People were involved in decisions about their care. Care plans detailed how people wished for care to be delivered. One person's care plan, who was visually impaired, described how staff should support them to move around safely within their home.
- People told us they were involved in reviewing their care plans. One person said, "They have recently updated it. We went through it together and I am very happy with it. If I want anything changed, I talk to the office and they act on it straight away."
- Staff ensured people made daily choices about their care. One person said, "[Staff] will always ask if I want tea or coffee, even though I only drink coffee they always ask."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Care plans detailed how staff should support people to maintain their independence. One person said, "Staff help me to be independent." Another person said, "[Staff]

encourage me to do what I can and I am improving."

- Staff ensured people's privacy and dignity was upheld. One person said, "They draw the curtains and put a towel around me when I have had a shower." Another person said, "Yes, they care more about that [privacy and dignity] than I do."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this first inspection under the new registration the rating is 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

- People were provided with person centred support. One person said, "I am very happy with my care, I feel privileged." A relative said, "I am absolutely delighted. It is a big weight off the family's shoulders knowing they are being well looked after. It is amazing that [Name] is still able to live in their bungalow and it is mostly down to them."
- Care plans gave details about people's relationships, previous employment and interests. Information was clear about people's wishes and preferences. A relative said, "The beauty of the service they provide is that they are able to articulate to [Name of person] in a way she understands."

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

- The service arranged activities and outings to avoid social isolation. For example, a trip to a garden centre, an animal farm and a picnic. One person said, "The Jubilee celebrations were well planned, and I had a marvellous time. They even picked me up and took me." Another person said, "They are very good at social things." A staff member said, "People enjoy seeing each other."
- The service considered ways to ensure barriers to social activities and how people wished to spend their time were reduced. For example, a wheelchair was purchased for one person, so they were able to engage and access activities.

Improving care quality in response to complaints or concerns

- People and relatives told us they would feel comfortable in raising any complaints or concerns. One person said, "I would if I had to, but I haven't had to." Another person said, "Yes I would feel comfortable raising a complaint and I am sure they would listen to me." A relative said, "I could call them or send an email and I am sure they would do it straight away."
- People had access to the complaint's procedure. There was a copy in their welcome packs.
- The service had received two complaints in the last 12 months. These had been investigated, actions taken to address the complaint and an apology made if appropriate.

End of life care and support

- The service was not currently supporting anyone with end of life care. End of life care plans were completed. Information was accessible to staff about people's advanced wishes.
- Staff told us they had received training in end of life care. Recent learning had included a visit to a local funeral director. Staff said this helped their understanding of the processes after someone has passed away.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were described in their care plan. For example, one care plan said, "I need things being read to me, audio recordings or phone calls."

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.

At our last inspection we rated this key question good. At this first inspection under the new registration the rating is 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

- The service was well-led and managed. People were provided with a reliable, consistent service, with well-trained, caring staff. One person said, "Everything runs so smoothly." Another person said, "It is very well organised." A relative said, "Yes, [it is well managed]. If I have any queries [the registered manager] is on to them straight away."
- The registered manager led by example, was visible and approachable. People and relatives knew the registered manager. One person said, "I do know [the registered manager]. They sent me a lovely card and flowers because I lost a dog. It meant so much to me knowing they care." A relative said, "I don't see [the registered manager] but they ring quite regularly."
- Staff told us the management of the service ensured staff delivered quality care. A staff member said, "The managers care about their customers, there is lots of passion in the organisation. It comes from the top down. It makes me want me to up my game." Another staff member said, "The ethos is filtered down." One person said, "Superb management."
- The service created an open culture where people and relatives were encouraged to raise feedback and any concerns. A staff member said, "Any issues, you are encouraged to raise it." A relative said, "They are that good I don't think I will ever need to complain."
- Consideration was given to how the service could enhance people's lives. The service ran a scheme, 'Smile of the Week.' This looked at what the service could do to make a person feel special. For example, by taking someone to the pub, arranging a trip strawberry picking, delivering a pamper session or supporting a person to tend to their gardening. One person said "They are lovely [staff]. I feel wanted."
- The service also reflected each month on how it had gone the extra mile for people. One person said, "They go above and beyond what is expected of them." A relative complimented the service after a staff member stayed to wash a person's hair for them, "How much difference there is in [Name of person] moods after her visits [from Neighbourhood Care HQ]."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor, review and improve the quality of the service. This included audits of areas such as medicines, care plans and safeguarding. Actions were taken upon findings to improve care and service delivery to people.
- There was a defined staffing structure. This ensured managers and staff were clear on their individual responsibilities. Staff were supported in their roles and regularly observed to ensure standards of care were

met. "I can't fault them. They are very professional, caring and understand my needs."

- Notifications were completed as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC monitor services we regulate.
- Managers were clear on regulatory requirements and ensured they were up to date with information and best practice. This information was shared with staff in meetings.
- The service had been recognised through winning a number of regional and national awards for its care service. A relative said, "Since we have had [Neighbourhood Care] we have had an excellent service. They go beyond the call of duty."

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

- People, relatives and staff were regularly asked for feedback about the service and suggestions for improvement through phone calls and questionnaires. One person said, "They are always asking if there is anything they can do." Another person said, "Yes, I received a questionnaire four or five months ago. I just put down everything was excellent. I didn't make any suggestions because I can't think of anything I want that I haven't got." A relative said, "I have received a questionnaire, but I have no suggestions or recommendations. I talk to them regularly and they are very proactive."
- The service introduced a simpler comment card to the questionnaire used. This enabled more people to give feedback due to the layout and length. Positive comments included, "Timekeeping," "Always willing to help," "Exceptional to detail and attention" and "Organising special days out and taking me there." There were numerous positive references to the quality of care, "Quality of care. Reliability."
- Feedback was analysed, responded to if required and actions taken on any improvements needed. For example, a care plan was amended following feedback. A relative said, "[Staff] go beyond their personal duties, it is a very personal business."
- Equality characteristics were acknowledged and celebrated. This enabled people and staff to express themselves in relation to their sexuality and culture. For example, by hosting a pride themed party.
- Staff were valued and respected by the provider. This ensured a positive staff culture at the service and staff retention, facilitating consistent care. Comments from staff included, "I feel valued in my work, "The staff culture is brilliant which means customers are relaxed" and "I feel so valued and appreciated."
- The provider actively demonstrated their appreciation of staff. For example, by hiring a private pool in the heatwave for staff and their families to enjoy, delivering valentine cupcakes and thank-you gifts. This encouraged staff to deliver high standards of care and achieve positive outcomes for people.
- Comments from a recent staff survey were positive, with 100% saying they were proud to work for the provider, Comments included, "A strong team foundation. Everything is a team effort we work together," "High standard of care given to our clients" and "We work as a team and respect from management."

Continuous learning and improving care

- The service focused on ensuring a positive learning environment where staff were encouraged to ask questions and develop their skills. A staff member said, "Induction wasn't fast paced, was slow to make sure I understood. It is an incredible company and very person centred."
- Regular team meetings occurred. The provider was open with staff and communicated areas for learning. For example, by reviewing policies and procedures, incidents and the MCA.

Working in partnership with others

- The service was focused on serving the local community and had built links within it. The service worked with other professionals to ensure positive outcomes for people. For example, one person liked to walk in the local area but could get lost. The service worked with a national police scheme to ensure if this occurred the police had the necessary information to support this person home safely.

- Local community buildings were regularly used for social events and team meetings. For example, for a Valentine's day party and Christmas event.
- The service worked with local health partners to ensure timely outcomes for people. For example, staff observed one person struggling to mobilise from their bed. A referral was made to occupational health services and the person had the right equipment installed to support them safely.
- The provider had supported one person to remain in their home which was specifically adapted to meet their health and mobility needs after they had been given notice. This enabled the person to remain where they were happy and as part of their local community.

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 fully understood their responsibilities of the duty of candour. The service was open and honest with people and their families. A family member said, "Communication is excellent."
- There had not been any recent incidents where the duty of candour applied. However, the registered manager could explain a previous example where an open apology and actions had been taken following a police incident.