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# Neighbourhood Care HQ

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Outstanding |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This announced inspection took place on 11 and 12 January 2017. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. At our last inspection in July 2013 we found the service was meeting the regulations of the Health and Social Care Act (2008) in the standards we inspected.

Neighbourhood Care HQ provides personal care and support to people living in their own homes in Burnham On Sea and the surrounding area. At the time of our inspection there were 18 people receiving a service.

When we visited 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.

Staff relationships with people were extremely caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. Staff went over and above their caring duties in line with the philosophy and mission statement of the service. For example, one member of staff told us how they ensured people had a nice Christmas. They always liked to work Christmas day, dressed up as 'Santa's little helper' and ensured people who lived alone had a home cooked Christmas dinner. Another person accidentally broke their favourite bowl. They were very upset about this. As a result, the registered manager obtained an exact replica from a website. They told us how pleased they were, stating, "I was very happy, thankful. They are very kind."

People felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. People's views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet. Health and social care professionals were involved in people's care to ensure they received the right care and treatment.

There were effective recruitment and selection processes in place. Staffing arrangements were flexible in order to meet people's individual needs. Staff received training and regular support to keep their skills up to date in order to support people appropriately.

There was good management and leadership at the service. Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture.

A number of effective methods were used to assess the quality and safety of the service people received and changes and improvements were made in response.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People said they felt safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were managed safely.

### Is the service effective?

Good

The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the service followed the appropriate guidance in terms of the Mental Capacity Act (2005).

People were supported to maintain a balanced diet.

### Is the service caring?

Outstanding

The service was caring.

People said staff were extremely caring and kind.

Staff went over and above their caring duties in line with the philosophy and mission statement of the service.

Staff relationships with people were very caring and supportive. Staff spoke confidently about people's specific needs and how

they liked to be supported.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

## Is the service responsive?

Good

The service was responsive.

Care files were personalised to reflect people's personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

## Is the service well-led?

Good

The service was well-led.

Staff spoke positively about communication and how the registered manager worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

# Neighbourhood Care HQ

**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 announced inspection took place on 11 and 12 January 2017. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

Prior to 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 visited three people in their own homes to ask their views of the service they received. We also spoke with four members of staff, which included the registered manager.

We reviewed three care files, two staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. Following our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from one professional.

Good

# Is the service safe?

## Our findings

People felt safe and supported by staff in their homes. Comments included: "If I was worried about anything, I would speak to my carers" and "I feel safe with the carers and they always ensure the safety of my property when they leave."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for moving and handling, falls and medicines. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available from other services to increase a person's independence and ability to take informed risks. Where equipment was used, the service ensured it was serviced on a regular basis to keep both people and staff safe when moving and handling.

There were sufficient staff to meet people's needs. People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time. People commented: "The carers ring if they are running late, they know I am a worrier. They always stay the correct amount of time"; "The carers turn up on time. That was my biggest fear, being left in bed" and "Carers stay the correct amount of time. If things are done, they sit and chat."

Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The registered manager explained staffing arrangements always matched the support commissioned and staff skills were integral to this to suit people's needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs. Where a person's needs increased or decreased, staffing was adjusted accordingly. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from

previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager checked medicine records whilst out in the community to ensure staff were administering them correctly. We checked medicine records and found them to be completed appropriately by staff.

Good

# Is the service effective?

## Our findings

People said they thought the staff were well trained and competent in their jobs. People commented: "Staff are well trained and know what they are doing" and "Whoever trained the girls deserves a gold medal. I cannot fault them."

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a six month probationary period, so the organisation could assess staff competency and suitability to work for the service and whether they were suitable to work with people.

Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling and a range of topics specific to people's individual needs. For example, dementia awareness, end of life care and diabetes awareness. Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Staff commented: "I feel equipped to do my job" and "(Registered manager) is responsive to our training needs."

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager. Staff commented: "The (registered manager) is a good leader"; "The support I get is excellent. Cannot speak highly enough about (registered manager). So approachable" and "I feel well supported." Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health. Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care. Staff said they felt that people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. One commented: "The care plans are detailed and are set out in a way that we know everything which needs to be done."

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. One person commented; "The staff are very good at contacting other professionals if I need them." We saw evidence of health and social care professionals involvement in people's individual care on an on-going and timely basis. For example, GP and district nurse. These records demonstrated how

staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. One person commented: "They always ask permission to do things."

Staff received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The 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. Staff demonstrated an understanding of the MCA and how it applied to their practice.

Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care. For example, best interest meetings had taken place to discuss the appropriateness of a person's care package and whether a person was ready for discharge from hospital.

People were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks. People commented: "They help me by preparing meals" and "The carers always ensure I have a drink with me when they leave." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

Outstanding ☆

# Is the service caring?

## Our findings

People said staff were very caring. Comments included: "The staff are marvellous. Caring and kind. We are friends, we have a laugh, a joke"; I would recommend them (care staff). They have meant I could stay at home. They are caring and do what I ask" and "They (care staff) make me feel human again. They really make you feel like you are the only one. They want to help you. Their care is first class. Kind and caring."

Staff went over and above their caring duties. For example, one member of staff told us how they ensured people had a nice Christmas. They always liked to work Christmas day, dressed up as 'Santa's little helper' and ensured people who lived alone had a home cooked Christmas dinner. Another person accidentally broke their favourite bowl. They were very upset about this. As a result, the registered manager obtained an exact replica from a website. They told us how pleased they were, stating, "I was very happy, thankful. They are very kind."

There were other examples of where staff demonstrated an extremely caring nature towards the people they supported. A member of staff made it possible for a person to attend their long-time friend's funeral. This was arranged in the staff members own time. This had made the person extremely happy that she was able to say goodbye to her friend. Another person's wish was to die at home rather than in hospital. The person was enabled to be discharged from hospital with increased support from the service so their wish could be granted.

The examples were endless of where staff ensured people were cared for as they wished. For example, a person was able to be discharged from hospital with one hour's notice. Their needs had increased whilst in hospital which had impacted on their mental health. By putting in a comprehensive package of care they were able to come home and be in a place where they felt safe and comfortable. It was also evident that staff kept in mind people's well-being. For example, collecting prescriptions for people, such as antibiotics so they could start them straight away. This was particularly important for those people who did not have friends and family to support them.

Staff were inspired to provide exceptional care. The service' philosophy and mission statement emphasised that they do not want to cover just people's basic needs but be prepared to go the extra mile for people. As a result, the first question on staff members supervision form was 'does employee understand and follow Neighbourhood Care philosophy and mission statement?' This ensured going that extra mile was deeply set in staff members work practice. This also extended to the support staff received from the registered manager and provider. For example, supporting a member of staff to manage their mental health and tailor their working conditions to enable them to work and feel part of the team.

The service had received several written compliments. These included: 'We are so grateful and humbled by the dedicated, loving care you gave (relative). He looked forward to your visits. Your care has been an inspiration to us all and deepened our faith in human nature'; 'Care staff responsive to my needs, effective, caring'; 'I hope we both, you and I continue to have a long and happy togetherness and all the very best for the excellent service you are providing' and '(Relative) was always impressed with how genuine and kind

everyone was.'

Staff treated people with dignity and respect when helping them with daily living tasks. One person commented: "I am treated with dignity and respect." Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. People commented: "They (care staff) help promote my independence" and "Let you do what you can do and help you do what you can't do." Staff demonstrated empathy in their discussions with us about people. One staff member commented: "We care, genuinely care about each one of our service users." Another commented: "I am proud to wear my uniform." This very caring attitude was evident throughout our inspection.

Staff relationships with people were very caring and supportive. People commented: "The relationship we have built up has been great" and "They sit and chat." Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed and kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately. For example, a member of staff explained how they supported a person when they were worried about something. They said they had talked to the person in a caring and calm manner, providing them with reassurance. They described how they had engaged the person in things which interested them and helped alleviate their worries. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general well-being. Another member of staff told us about how they had helped a person find out more information about a health condition and its treatment. They explained how they went to the GP surgery in their own time to obtain information leaflets to enable the person to understand about the condition.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they had a care plan, which was discussed with them and no care was given without their consent. People commented: "I have been very involved with my care plan. They have just updated my care plan; they went through it with me" and "I am in control of the care and support I receive."

Good

# Is the service responsive?

## Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs. People felt they were involved with organising their care plan, describing how they had met with the registered manager at the start in order for them to understand their needs.

Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific goals to aid their wellbeing and sense of value. This included encouraging people to be as independent as possible. Care files included personal information and identified the relevant people involved in people's care, such as their GP. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Care files included information about people's history, which provided a timeline of significant events which had impacted on them. People's likes and dislikes were taken into account in care plans. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. For example, one person's breakfast preference stated 'loves bacon and eggs' and another documented the importance of them having a spoonful of honey each day. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support. One staff member commented: "The care files are very organised and up to date. They are detailed."

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care and eating and drinking. Care plans were very detailed and included the little things which matter to people, such as how they liked their cup of tea and ensuring rubbish was put out on the correct day. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed. One staff member commented: "The care plans contain the little things which matter to people."

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system when they started using the service. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where a complaint had been made, there was evidence of it being dealt with in line with the complaints procedure.

Good

# Is the service well-led?

## Our findings

There was good management and leadership at the service. People commented: "The registered manager goes over and above. Always available, very good" and "The registered manager is very good. Any complaints, she would deal with them." Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff commented: "I feel really supported and we work as a team"; "So approachable" and "The registered manager is very fair." Staff confirmed they had regular discussions with the registered manager. They were kept up to date with things affecting the service via team meetings and conversations on an on-going basis.

The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The registered manager recognised the importance of this policy to ensure a service people could be confident in.

People's views and suggestions were taken into account to improve the service. For example, surveys had been completed. The surveys asked specific questions about the standard of the service and the support it gave people. Where comments had been made these had been followed up, such as changes to visit times. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity and people having a sense of worth and value. Our inspection showed that the organisation's philosophy was embedded in Neighbourhood Care.

The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and district nurses. Regular reviews took place to ensure people's current and changing needs were being met. A professional confirmed that the service worked well with them and communication was very good. They commented: "The service provides a good standard of care especially for people with complex needs. They always follow advice, contact if any concerns. Very impressed. The registered manager and her staff are very keen and willing."

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, where needed involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which

affected people.

Checks were completed on a regular basis by the registered manager, as they worked alongside the care staff. For example, the checks reviewed people's care plans and risk assessments, medicines and incidents and accidents. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed.