

Next Care Ltd

# Next Care Ltd

## Inspection report

23 Alcester Drive  
Leicester  
Leicestershire  
LE5 6LB

Tel: 01162417425

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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

This inspection took place on 17 May 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be at the office.

Next Care Ltd is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provided care and support to people living in Leicester. At the time of our inspection there were 5 people using the service.

Next Care Ltd had 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.

People told us they felt safe with the care workers and the support they received. All care workers had undertaken safeguarding training and knew what to do if they had concerns about the well-being of any of the people using the service. Potential risks to people's health and well-being had been assessed and measures to reduce risks were detailed in the care plan for care workers to refer to.

People said they thought care workers were well-trained and knew how to support them effectively. Care workers had a thorough induction and on-going training to keep their skills up to date. Care workers were safely recruited to help ensure they were fit to work with people using the service.

People made decisions about their care and support needs. Care workers sought consent before they helped people and respected people's choices and decisions.

Care workers supported some people with their meals. People said they were pleased with the choice they were given and how their meals were prepared and served in line with their dietary needs, personal and cultural preferences.

Care workers supported people to liaise with health care professionals if there were any concerns about their health.

People told us the care workers were caring and treated them with dignity and respect. People's choice of lifestyle was respected and their independence was promoted.

People were directly involved in the planning of their care and encouraged to be independent and made choices about how they wanted their support provided.

Care workers provide a personalised service that was responsive to people's needs. Care workers were

knowledgeable about the needs of people and took account of their preferences such as times, cultural and diverse needs. People told us care workers always arrived on time and stayed for the agreed length of time in order to ensure people were safe and their needs were met.

People told us they were aware of how to raise concerns. They were confident that any concerns would be responded to by the registered manager.

All the people we spoke with said they were happy with the service which they said was well-run. People told us the registered manager visited them in person and telephoned them regularly to check on their well-being and monitor their care and support. There were systems in place to assess and monitor the quality of the service, which included audits and independent surveys to enable people and their families to leave feedback on their experience of the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People using the service told us they felt safe. Care workers knew what to do if they had concerns about the safety and wellbeing of people who they supported.

We found that recruitment processes for the service were safe and thorough and there were sufficient numbers of care workers to meet people's assessed needs.

The risks people were exposed to and been assessed and there was information about how these risks could be minimised.

People were supported to receive their medicines in a safe way.

### Is the service effective?

Good ●

The service was effective.

Care workers had the training they needed to provide safe and effective care.

People's choices and views were respected and consent to care and treatment was sought.

People were assisted with their nutritional needs and were satisfied with the support their received with their meals.

People were supported to access and liaise with health care professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People told us that care workers were kind and caring. People were treated with dignity and respect.

People were involved in making decisions about their care and support needs and in the development of their care plans.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before receiving a service. Care workers provided care and support that was personalised and took into account people's preferences and individual needs.

People felt confident to complain and were confident that their concerns would be listened to and acted upon.

### Is the service well-led?

Good ●

The service was well-led.

People were satisfied with how the service was managed.

People's views were sought to check they were getting the quality and type of care they wanted.

The registered manager provided clear leadership and support. They understood their responsibilities and had a consistent approach to providing a quality care service.

# Next Care Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection 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. Our expert-by-experience for this inspection had expertise in physical disabilities and sensory impairment.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This 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. The provider returned the completed PIR.

We looked at information we held about the service which included statutory notifications. A statutory notification is information about important events which the provider is required to send us by law.

We spoke with two people who used the service and two relatives whose family members used the service. We also spoke with the registered manager and three care workers.

During the inspection we looked at the care records of two people who used the service. These records included care plans, risk assessments, daily well-being logs and medicine records. We also looked at the recruitment, training and support records for two members of care staff. We looked at the provider's systems for monitoring quality, complaints and concerns, minutes of meetings and a range of policies and procedures.

# Is the service safe?

## Our findings

People using the service said they felt safe when supported by care workers. One person told us, "I always have the same carers and I am happy with the level of care." Another person told us that they felt safe with their care worker. One relative told us, "My family member is safe and well-treated."

We spoke with the registered manager and care workers about safeguarding procedures. Care workers told us they had undertaken training in safeguarding adults and we saw this was confirmed in staff induction and training records. The provider had procedures in place instructing care workers to report any concerns about people's welfare. During discussions with care workers they demonstrated that they understood the different types of abuse and what they would do if they suspected abuse had taken place. One care worker told us, "If I suspected abuse I would telephone my manager. If I felt I needed to, I would also contact the safeguarding authority, police or Care Quality Commission." Another care worker told us, "I feel able to speak with my manager if I had any concerns and I am confident she would take my concerns seriously and support me to act on them."

People's safety was supported by the provider's recruitment procedures. We looked at two care worker's recruitment files and saw recruitment practices were safe and that appropriate checks had been completed prior to care workers working unsupervised for the service. Recruitment files included a Disclosure and Barring Service (DBS) identify check and appropriate application forms and references. The DBS check helps employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service. The records were well maintained.

We looked at staff rotas and call schedules over a seven-day period. The registered provider operated a manual system which showed which care worker supported each person. We saw that there were enough care workers allocated to calls in line with each person's assessed needs.

People's care plans and risk assessments were detailed and up to date. We saw that people using the service had signed to confirm that they had been involved in developing their care plans and risk assessments. There were comprehensive details of people's daily routines and risk assessments covered people's physical and mental health needs, health and safety and their environment. Assessments identified hazards that an individual may face and provided guidance for care workers on how to support the person to manage the risk of harm. For example, one person using the service was at risk from falls. We saw that their risk assessment gave clear guidance for care workers to manage this risk, including how to support the person during assisted transfers. Care workers told us that they had time to read people's risk assessments and the registered manager checked to see if they understood them.

People using the service and relatives told us people received their medicines safely and on time. One person told us, "My medication is pre-packed. The care workers will prompt me when I need it and bring it to me to take. They always record what they have given to me." Another person told us that care workers always made sure that they took their tablets and checked their dosset box.

Care workers told us and records confirmed that they had undertaken training in supporting people with their medicines. One care worker told us, "The training in managing medicines was really good. I always check medicine records so I know what I am supporting the person to take. I check that the right tablets are there and that they are for that person. I record the support I have given in the person's care records." The provider's medicines policy was up to date and included guidance for care workers in supporting people with their medicines.

People's care plans included a list of prescribed medicines and the support they needed to manage their medicines. When care workers prompted people to take their medicines, care workers completed MARs (medicine administration records) to show people had taken them. We saw that people had signed consent to the level of support they needed. Where third parties were involved in administering medicines, for instance family or medical professionals, this was clearly detailed in the person's care plan. This helped to ensure people were involved in receiving their medicines and care workers had a list of the medicines people were taking.

We looked at accident and incident records for the service and found that these had been completed correctly and included evidence of follow up action to reduce the risk of further incidents.



## Is the service effective?

### Our findings

People who used the service told us they found care workers knew how to support them and were well trained overall. One person told us, "They [care workers] know what they are doing and check with me as they go along. They [care workers] will ask if everything is alright." Some people felt that language was a problem as they felt that some care workers struggled to understand and read English, although they told us care workers did take the time to communicate and understand their needs. We discussed this with the provider who told us that they made every effort to allocate care workers who were able to communicate effectively with people, usually in their preferred language. Where initial allocations were not successful, the registered manager told us they discussed alternative care workers with people. People using the service confirmed that care workers had been changed upon request which had resulted in more effective communication.

Care workers told us that the induction training they had completed included e-learning, theory and practical training on how equipment was used and supporting people with specific needs, such as catheter care. They also informed us they worked alongside experienced care workers as part of their induction and were not signed off induction until they felt comfortable and confident in their role. This meant that care workers had the opportunity to observe practices and be introduced to people prior to visiting people on their own.

We looked at training files and saw that care workers had completed a wide-range of training. The registered manager was in the process of updating the training matrix to identify when care workers needed to attend refresher training. We saw that some care workers had started the new Care Certificate. The 'Care Certificate' was recently introduced and is a set of national standards for care workers that upon completion would provide them with the necessary skills, knowledge and behaviours to provide good quality care and support.

Care workers told us they felt supported by the registered manager. They told us they could discuss their work, training and development needs with them as and when required. We saw that some care worker files had records of supervisions and appraisals whilst others had observations of working practices in line with the Care Certificate.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. 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.

We spoke with care workers about how they supported people to make their own decisions about the care and support they received. One care worker told us that they always asked the person if they were happy to be assisted. Another care worker told us that they respected people's right to make decisions about their

care and support, including their right to decline care. People using the service told us that care workers always asked for consent before doing things.

The registered manager explained that they undertook the initial meeting with the person using the service to complete an initial assessment of need which formed the basis of the person's care plan and risk assessments. Care plans we saw showed that people and where appropriate family members had signed to say they had been fully involved in their care plan. People's care plans showed that the principles of the MCA had been used.

People using the service told us that care workers prepared their meals to their liking. One person told us, "I have help with food. I have guidelines to follow and the care workers support me with that." Another person told us that care workers always supported them to choose their meal and prepared the food how they wanted it.

Information about people's dietary requirements and preferences, including specific cultural needs, were detailed in their care plans. We saw that recordings in people's daily care records reflected that care workers provided nutritional support in line with people's preferences and needs.

People told us that staff supported them to maintain their health and well-being. One person told us that care workers were aware of what they needed to manage their health condition. Another person told us that care workers were able to liaise with their health professional if they had any concerns. Care workers were able to explain how they would respond to support someone in the event that the person became unwell.

## Is the service caring?

### Our findings

All the people using the service and relatives we spoke with said the staff were caring. One person told us, "They [care workers] are polite and respectful. They make sure my dignity is maintained." Another person was able to describe how care workers showed kindness and compassion in supporting them on days when they struggled to do things for themselves. A relative told us, "They [care workers] handle my family member in a very nice way, respectful. They ensure my family member understands what they are asking them to do. They [care workers] always communicate, making sure my family member is okay and happy with what they are doing."

Some people told us that they were not happy with the care workers initially allocated to them because of incompatibility. However, they told us that they had felt able to raise concerns with the registered manager who had acted on their concerns promptly and changed care workers which had improved the care people received.

People who used the service and their relatives confirmed that staff treated them with dignity and respect. One person told us, "They [care workers] always make sure I am covered when they are supporting me with personal care. They give me as much privacy as I need." A relative told us, "Every morning when the care worker comes in they are happy and smiling. They engage my family member in conversation, which is good, they communicate really well. The care worker we have is very good, very capable and takes good care of my family member."

Care workers demonstrated that they were aware of the importance of supporting people to maintain their dignity. One care worker told us, "I am always aware and respect that I am working in people's own homes. I always make sure that curtains are closed and doors are shut when I am supporting someone with personal care." Another care worker told us, "I listen to how people prefer to be supported and make sure people are covered to maintain their dignity."

People mostly received care and support from a group of consistent care workers that understood their needs and who they were able to build relationships with. People told us that care workers listened to them and were helpful in meeting their requests. One person told us that care workers supported them to be independent by giving them the time to do as much as possible themselves, whilst recognising when they needed extra support.

The provider had a process in place to support people to be involved in developing their care plans and how they wanted their care to be provided. People using the service told us that they regularly met or spoke with the registered manager to ensure they were happy with their care plans. One person told us, "I am able to say what I think and what I want. If they [care workers] can't agree they may go back to the office and discuss with the manager who will call me. We discuss if there are better ways of working and come to an agreement." Another person told us, "I was involved in designing my care plan. It takes into account my needs."

Care workers were knowledgeable about people's needs. They were able to describe people's preferences and needs including the person's likes and dislikes. They were also able to recognise that people may need support on some days more than others because of their individual medical needs. Their knowledge was consistent with information in people's care plans. This showed that care workers had spent time with people who used the service getting to know the person and their interests.

People were provided with information about the service during their assessment. People confirmed they had a copy of their care plan and care records. The registered manager had developed a statement of purpose and service user guide that included comprehensive information about the aims of the service, main contacts and advocacy details. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The registered manager told us that they would provide people using the service with a copy of the guide following our inspection.

## Is the service responsive?

### Our findings

People told us they had been involved in the development of their care plans and confirmed the support provided was as agreed. They told us they had been introduced to care workers before they started and had the opportunity to feedback if they were unhappy with their allocated care workers or wished to change.

Care records we looked at showed people's assessment of needs had been carried out and the information was used to develop their care plans. One person told us that they had opportunity to tell the registered manager about their specific requirements in order for their support to be tailored to their needs. Care plans we saw provided care workers with information about the person including their life history, their needs, lifestyle choices and cultural needs such as language, routines and meals. Care records showed the service was responsive to people's needs. For example, one care plan highlighted that the person had good and bad days. The care plan summary clearly explained the response required from care workers to support the person on good days, and the extra support that may be required when they were experiencing bad days.

People's care plans were reviewed on a regular basis or when needs changed. Each of the records we saw had an up to date review in place. One person using the service told us, "Every two to three weeks the [registered] manager phones and asks if everything is okay or if anything needs to be changed." Another person told us, "She [registered manager] is always ringing me up to ask how things are going." A relative told us, "We had a review for my family member a few weeks ago and I was invited and involved." One person told us that as a result of their review, the service had supported them to access specialist transport to enable them to go to community centres.

People told us that their care workers always arrived on time and stayed the allocated time. One person told us, "Timekeeping is brilliant. Sometimes if a task is not completed, they [care workers] will stay until it is done." A relative told us, "They [care workers] always come on time. They are always prompt. If our regular care worker is off on leave, the manager always lets us know and tells us who will be covering." People and their relatives told us that the service was reliable and calls were never missed.

The registered manager provided the on-call service and had access to information should they need to call upon care workers to cover the call in an emergency. People using the service and care workers told us that the on-call service was responsive to their concerns.

Care workers received information about the needs of people before the first visit. A copy of the care plan was kept in the person's home along with daily logs which were completed by the care workers after each call. Care workers told us they read the care plan and previous daily logs to make sure there were no changes to the care and support provided. The daily logs showed the support provided was consistent with people's care plans which meant that people's needs were met.

The provider's complaints policy and procedure was in the service statement of purpose and service user guide. People and relatives we spoke with told us they would feel able to report any concerns they had to the registered manager. One person told us, "I would be able to raise any concerns if I had any but I have

never had to make a complaint." Another person told us, "The [registered] manager does respond if I raise an issue."

## Is the service well-led?

### Our findings

People told us they were happy with the quality of care and support provided and felt that overall the service was well-managed. One person told us, "Yes, I think the service is well-led. I have already recommended the service to other people." A relative told us, "I think the service is well-led. I get the impression the staff are happy. Care workers come with a positive attitude and don't complain about anything."

We asked people how the service sought their views about the quality of care and support that was provided. One person said, "They keep me informed of changes that affect me. I've not been aware of changes to the organisation." Another person told us, "They [registered manager] don't really ask for opinions about the general service. They do ask how things are going though."

The registered manager told us that they sought feedback from people using the service every four months. The registered manager arranged for surveys to be sent to people through Homecare UK. Homecare UK is an independent on-line service which enables people to review and leave feedback about their experience of using a particular care service. We looked at the reviews for the service over the last twelve months and found feedback to be positive. Comments included, "Care received was of the highest standard. We were always assured that my family member's well-being was the main priority," and "Totally professional care provided at all times. Carers showed compassion and treated my family member with dignity and understanding, quite often going the extra mile. Next provide an excellent standard of care."

The registered manager explained that as the service was growing, they had just completed designing a satisfaction survey for the service which they intended to send out annually to people using the service and their relatives. They told us they monitored the quality of the service through regular spot checks and observations of working practices. People using the service confirmed that the registered manager had been to their home to check on practices on a number of occasions. We saw that although observations of working practices were recorded, outcomes of spot checks were not. The registered manager told us they were developing their quality assurance framework and would ensure that outcomes of all spot checks were recorded from now on.

We looked at the provider's audit file and saw that the registered manager routinely collated and audited care records, including daily logs and medicine records, to ensure that recordings were in line with people's care plans and wishes.

The service had a registered manager in post who was also the registered provider. They had a clear view of what 'good' care looked like and showed commitment to delivering quality care. They were responsible for the day to day management of the service and care workers. The registered manager told us they had an 'open-door' policy which meant they were available to listen to the views of people using the service, their relatives and care workers. This simple structure meant that people and care workers were always clear on who to seek support from. Care workers praised the leadership of the service. One care worker told us, "I am really well supported by the registered manager. I have worked for many different care companies over the

years but this is the best." Another care worker said, "I can discuss anything with the [registered] manager and she always listens and helps me to make decisions. I don't have to wait for formal supervision, I can just pick up the phone or go in and see her and she meets with me straight away."

The information sent to us by the provider prior to our inspection stated improvements planned included staff meetings. That supported our findings as there were no records of staff meetings for care workers. The registered manager explained that she tended to meet with care workers individually and worked alongside them so used this as an opportunity to keep care workers up to date with developments and training. Following our inspection, the registered manager confirmed that regular team meetings would be held to ensure care workers had opportunity of contributing to discussions about the service as a team and were kept informed. This showed that the registered manager recognised the importance of involving and valuing care workers in the quality of service provided.

The registered manager understood their responsibilities and what was expected of them regarding their legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and care workers had the knowledge and resources to do this. However, no events had been reported that required notifying.