

Napier Homecare Services Limited

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Inspection report

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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

Napier Homecare provides personal care assistance for people who live in their own homes. The service supports people living with dementia or mental health conditions, or those with physical disabilities. The office is based in Blackpool.

At our last inspection in January 2016, we rated the service as good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During this inspection, people told us they felt safe using Napier Homecare. When we discussed safeguarding people from abuse or poor practice with staff, we found they had a good knowledge about related procedures.

The registered manager followed safe recruitment practices to protect people against the employment of unsuitable personnel. They had a system to monitor care packages to ensure people received support on time and as agreed. This enabled them to monitor staffing levels against care delivery requirements. All staff were required to complete the care certificate to give them all-round knowledge of their roles and responsibilities.

We found the registered manager assessed risks to people from receiving unsafe or inappropriate care in their own homes. They recorded incidents, injuries and action taken to mitigate the occurrence of risk.

People received their medicines on time and with a safe approach where this formed part of their care package. Staff had relevant training and demonstrated good practice when administering medication, such as washing their hands beforehand.

Where staff supported people with their nutritional needs as part of their packages of care, we saw they developed relevant care plans.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. There was a clear and consistent message from those we discussed care delivery with that staff sought their consent.

We found staff respected people's dignity and treated them with kindness during care visits. One person told us, "Nothing's too much trouble." Care plans we reviewed were focused upon helping people to maintain their independence. Records demonstrated each person or their relative was involved in the development and planning of their care packages.

Care delivery centred on a consistent approach to ensuring staff engaged with people whilst supporting them. We saw the management team guided staff to people's life histories and preferences to help them understand the person's backgrounds.

People and their relatives said the management team proactively sought their feedback about the quality of care and the home's development. Staff told us they had a high level of support from the management team and felt appreciated as employees of the service. A staff member stated, "I can ring up the office at any time if I have problems. [The management team] are very on the ball and will sort anything out."

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

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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.

The inspection visit at Napier Homecare was undertaken on 21 March 2018 and was announced. We gave 48 hours' notice of the inspection to ensure people who used the service, staff and visitors were available to talk with us.

The inspection team consisted of one adult social care 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. The expert by experience for the inspection at Napier Homecare had experience of caring for people who received packages of care in their own homes.

Prior to our announced inspection on 21 March 2018, we reviewed information we held about Napier Homecare. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who received support in their own homes.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. 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.

We spoke with a range of people about this service. They included eleven people who used Napier Homecare, a relative, seven staff and the registered manager. We did this to gain an overview of what people experienced whilst using the service.

We also spent time looking at records. We checked documents in relation to five people who had received support from Napier Homecare and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

Is the service safe?

Our findings

People who used Napier Homecare and their relatives said they felt safe and comfortable when staff supported them in their own homes. We saw a staff member checked an individual had their new call alert chain on and the person told us, "I feel safe with my new 'jewellery.'"

When we discussed safeguarding people from abuse or poor practice with staff, we found they had a good knowledge about related procedures. A staff member commented, "I would ring the office or on call if I had concerns and if they were not dealt with I would report to safeguarding and CQC." Staff files held evidence to confirm staff had related training. The management team also had a system to analyse safeguarding concerns to assess how they could improve. This gave them good oversight of people's safety.

The registered manager had safe recruitment practices to protect people against the employment of unsuitable personnel. Staff files we looked at contained information about the employee's full work history, references and criminal record checks. Staff told us there were sufficient staffing numbers to ensure they were not rushed and people received their visits on time and as agreed. People consistently commented from commencing care packages over a period of years they continued to work with the same core of staff. This showed the provider had a stable staff team and endeavoured to ensure they could develop good relationships with those they supported.

The registered manager had a system to monitor care packages to ensure people received support from Napier Homecare on time and as agreed. This enabled them to monitor staffing levels against care delivery requirements. One person told us, "I usually get the same carers, but if not it's always someone I've met before and know."

We observed good stocks of personal protective equipment held at Napier Homecare's office. Staff said they could obtain the equipment whenever they needed it to maintain infection control when they supported people in their own homes. One staff member said, "There's always gloves and aprons available." People we spoke with said staff practiced good infection control standards when they supported them.

We found the registered manager assessed risks to people from receiving unsafe or inappropriate care in their own homes. They developed risk assessments from this information, which covered, for example, access to people's home, environmental safety, medication and load management. There had been no accidents or incidents over the last year. However, the registered manager had a system to record incidents, injuries and action taken to mitigate the risk of occurrence.

The registered manager introduced new medication documents to improve recordkeeping. We saw these were easier to use and gave better oversight for staff. The registered manager told us, "We identified an area of improvement and this was a lesson learnt. Hence why we introduced the new MARs (Medication Administration Records)." We found people received their medicines on time and with a safe approach where this formed part of their care package. A person who used Napier Homecare told us, "I always get my tablets on time, which is important to me, especially my painkillers." Staff had relevant training and

demonstrated good practice when administering medicines. For instance, they washed their hands beforehand and checked stock to ensure this matched records. We observed the staff member answered the person's medication queries coherently and checked they understood.

Is the service effective?

Our findings

Where nutritional support formed part of the person's care package, people we spoke with said staff assisted them well. One individual who used Napier Homecare told us, "They will help me to have something to eat and they'll always get what I feel like eating."

Where staff supported people with their nutritional needs as part of their packages of care, we saw they developed relevant care plans. Information covered the agreed assistance they wished and their food preferences. Staff confirmed they received training in food hygiene to ensure they helped people safely and effectively with their nutrition.

We observed one person asked a staff member why they experienced a dry mouth, despite drinking sufficient fluids. The staff member responded, "Do you want me to give your GP a ring to give you a good check over?" We saw the staff member followed the person's request with a call to their surgery. This demonstrated staff understood the importance of involving other healthcare professionals where concerns were identified to ensure the individual's continuity of care. Records included the involvement and contact details of the person's, for example, GP, social worker, pharmacist, community service and warden.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff demonstrated a good awareness of related procedures. One staff member said, "I would never force someone. I would want to be in control of my life, so I always make sure they are."

There was a clear and consistent message from those we discussed care delivery with that staff sought their consent. They discussed day-to-day decisions with them and their relatives. One staff member said, "Choice is about making service users lead what we do." We observed one person discussed their health concerns with a staff member, who asked if they wanted them to contact their GP. This showed staff supported people who lived in their own homes with their day-to-day decisions and respected the choices they made. Care records contained the agreed package of care, which the person or their representative had signed.

The provider had employed a trainer to enhance staff training with face-to-face opportunities to ask questions and develop their understanding. All staff were required to complete the care certificate to give them all-round knowledge of their roles and responsibilities. Other training covered, for example, basic life support, medication and the MCA. One staff member told us, "There's lots of training always going on." Staff stated they received regular supervision to support them in their roles and review their development. The management team underpinned training and supervision with competency testing of skills and learning in practice.

Is the service caring?

Our findings

Everyone we spoke agreed staff respected their privacy and dignity to a high degree. They said staff had a kind and patient nature when they provided packages of care. One person told us, "All the carers are lovely." Another individual commented, "The staff are like family to us." A third person added, "The staff are lovely."

We found staff respected people's dignity and treated them with kindness during care visits. For example, they called out before entering their houses, made good use of eye contact and spoke in calm, soft tones. One person told us, "The carers respect me. They know they're coming into my home and respect my privacy." Care plans we reviewed were focused upon helping people to maintain their independence. We saw staff encouraged people to take the lead when they supported them and made appropriate use of praise.

We observed staff respected people's human rights, such as supporting them to make their day-to-day decisions and following their requests. Care records included reference to each person's diverse needs. For instance, we saw one person's documentation made reference to, 'any cultural or religious beliefs relevant to the medication interventions must be considered.' A staff member explained, "Diversity is very important. Everyone has different beliefs and it's about being mindful and respectful of them and who they are." The registered manager provided information for people about how to access local advocacy services. This meant they had additional support, if required, to have an independent voice.

Care records we looked at demonstrated people or their relatives were involved in the development and planning of their care packages. We noted they discussed their requirements at the initial assessment stage before engaging with the service. They jointly established and signed their consent to care plans. One staff member said, "I always ask the service user what they want to do to make them feel as involved as possible." We saw from a satisfaction survey, one relative had commented, '[My family member is] very happy with her new care plan and regular carers.'

Is the service responsive?

Our findings

Those we spoke with talked about how important their care visits were to their social wellbeing. One person said, "It's my main contact of a day and we have a good chat and a laugh." Another person told us, "I'm really looking forward to going out with [a staff member] shopping. It gives me that contact and we can have a fun time out."

The registered manager documented in care plans each person's social requirements and hobbies to guide staff to their interests. Care delivery centred on a consistent approach to ensuring staff engaged with people whilst supporting them. For example, we saw the registered manager recorded in one individual's documentation, 'I love having a chat so please spend some of your time sitting and chatting with me.' Staff demonstrated a good awareness of this approach. One staff member told us, "Often we are the only people service users see. It matters to them and it's important we find a common ground and joint interests. It's spending time with them just chatting."

Care records we looked at showed staff assessed people's needs before they accessed Napier Homecare. This helped staff to check the service could meet each person's needs and was then used to develop their care plans. A member of the management team told us, "We visit the service user and their family in their home to assess their needs before we take on a package. I also regularly visit them to update their care plan and check if there is anything else they need." The registered manager completed a variety of assessments to develop the person's care package and support. These included movement and handling, medication, nutrition, security in their own home and personal care.

We saw the management team guided staff to people's life histories and preferences to help them understand the person's backgrounds. This included details about their preferred names, gender of staff member, meals and activities. We found staff had a good understanding of delivering care with a person-centred approach. Furthermore, a member of the management team regularly visited people in their own homes to review and update their care packages. This ensured support continued to be responsive to their needs.

At the time of our inspection, Napier Homecare did not provide end of life care to people who used the service. However, we saw an up-to-date policy covered relevant information and guided staff to important procedures. The registered manager provided related training to enhance staff skills.

People we spoke with said the management team frequently contacted them to ask for their feedback about their experiences of accessing the service. The complaints procedure was made available to them should they wish to raise concerns. We saw the management team analysed complaints received to assess the success of actions taken to address them. For instance, we saw a complaint about leaving people's homes untidy. The registered manager followed this up with a text to all staff to remind them of their responsibilities. The system identified the complainant was happy with the resolution and their concerns did not reoccur.

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with felt the service leadership gave them confidence through regular monitoring calls to check the quality of care packages. They said this gave them the opportunity to feed back about their experiences and meant potential issues could be addressed quickly. The registered manager told us they were very keen about having a 'hands on' approach to monitor staff and check people's experiences. They added, "I go out two nights a week to provide care to ensure I understand what it's like. It helps me to better appreciate the carers' job."

People and their relatives said the management team proactively sought their feedback about the quality of care and the home's development. This included a questionnaire to check their experiences of, for example, respect, regular care staff, involvement in care planning and staff attitude. We saw responses from the last survey were positive and complementary about Napier Homecare. Comments seen included, '[Staff member] is very caring,' and, 'Always been good for me, no complaints.' Another statement outlined, 'Staff friendly and cheerful.'

Staff told us they had a high level of support from the management team and felt appreciated as employees of the service. The management team assisted staff to be involved in the development of the service and listened to their ideas. For instance, a member of the management team said, "We ask staff for training ideas. They asked for dementia awareness and diabetes training, so we have booked this in." The management team underpinned this with regular staff meetings and communication through emails and text messages to keep them informed. A staff member commented, "I feel very well supported. The two-weekly meetings are a very good way to get updates and keep us effective."

Members of the management team completed a range of audits to assess the quality of the service and care packages people received. These helped to retain oversight of, for instance, care records, recruitment and staff files, medication, training, safeguarding and complaints. We saw evidence the registered manager addressed an identified issue from their medication audit. Their assessment found staff were compliant with medication administration, but associated forms were complicated. Consequently, they introduced a new system and found this worked much more effectively. This showed the registered manager had oversight of people's safety and welfare and took action to improve their support.

We discussed the oversight of care package delivery with the management team. They told us about fail-safes they implemented to enhance this system. For example, staff were required to ask people who used the service to sign their rotas. A member of the management team told us, "If the electronic system stopped working, it showed the care package had still been provided."

We found the registered manager worked with other organisations, including the local authority, as part of their quality assurance. The service had recently won accolades from the local commissioners' annual Carer of the Year Awards. This included the best team, new staff member and long-serving employee winners. A staff member stated, "I do feel really valued by Napier. They saw potential in me, which I feel really good about. There's always potential to progress."