

North Haven Care and Support Ltd

# North Haven Care and Support Ltd

## Inspection report

St. Peters Gate  
Charles Street  
Sunderland  
SR6 0AN

Date of inspection visit:

19 April 2021

26 April 2021

27 April 2021

11 May 2021

17 May 2021

Date of publication:

24 June 2021

## 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

North Haven Care and Support Limited, is a domiciliary service which provides personal care to people living in their own homes. At the time of inspection 86 people were receiving personal care and support. 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 told us they received safe care. They also told us staff were rarely late and no calls had been missed. People received their medicines as prescribed. We did find one issue where people's allergies although included in their care plan, had not been included on their medication record. We spoke to the registered manager who took immediate action to rectify this. We have made a recommendation regarding the recording of people's allergies.

Staff had the appropriate skills, experience and training to care for people safely. Prior to any care packages commencing, detailed assessments were completed to ensure the service could meet the people's need. People were supported to maintain a good diet. Staff worked with other agencies to ensure people had access to services to support their health, including their GP, district nurses and occupational therapists.

People and their relatives were very complimentary regarding the level of care and compassion staff demonstrated for people. Staff cared for people in the way people wished to be cared for. People's needs were reviewed when a change in support was identified. Any complaints received were actioned and where necessary, changes made.

The service was well-led. All professional feedback was very positive about how the service was run and the vast majority of feedback from, people, staff and relatives was also positive regarding the management of the service. The registered manager completed a number of quality checks to make sure people received good care. The provider is currently in the process of employing additional office staff to further improve the quality and running of the service.

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](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 16 September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based upon the provider's initial registration date.

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# North Haven Care and Support Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and one 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.

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

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service was operating during the pandemic 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 April 2021 and ended on 17 May 2021. A site visit to the office took place on 17 May 2021.

### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authorities who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with eight people who used the service and 20 relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager and care co-ordinator. We also spoke with three professionals who have knowledge of the service.

We reviewed a range of records. This included four people's care records and medicine records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, safeguarding data and quality assurance records.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Medicines were mostly managed safely. People's MAR charts did not include if people had any allergies. This information was included in people's care plans but had not been transferred to people's MAR chart. We spoke with the registered manager who took immediate action to address this issue.

We recommend the provider reviews and updates all MAR charts to ensure all appropriate information is recorded and in line with NICE guidelines.

- People and their relatives told us staff ensured they received their medication on time. Comments included, "They record on the chart when dad has had his medication and there has never been any problems," and "The carers are very good because if he is not in when they call, they will return to make sure he has taken his medicine."
- Staff had received training and regular competency assessments regarding the safe handling of people's medication.
- The provider had a medication policy in place which was up-to-date

### Assessing risk, safety monitoring and management

- Risks were for the majority managed safely. We identified one issue whereby one person who had Type II Diabetes, did not have a diabetic risk assessment in place. We spoke with the registered manager who took immediate action to rectify this issue .
- People and their relatives told us they received safe care. Comments included, "They are very proactive in ensuring mum is kept safe and comfortable and use slide sheets to move her in bed", and "Mum has a hoist and the occupational therapist reviewed how the care staff were using it and were delighted with them."
- Risk assessments had been updated following a change in people's needs and staff were alerted to these changes. Staff told us they were familiar with people's risk assessments to ensure people were supported safely.

### Staffing and recruitment

- Staffing was managed safely. People told us staff were nearly always on time for their calls. Where staff were running late, staff would ring the person to let them know. Nearly all staff told us they had enough travel time to get from call to call.
- The majority of people told us they had the same carers which allowed for consistency of care.
- Procedures were in place to recruit staff safely. On one occasion the procedure had not been followed correctly and gaps had not been explored at interview. We spoke to the registered manager regarding this

and they took immediate action to rectify this oversight.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People and their relatives told us they felt very safe with the care they received. Comments included, "I feel very safe with the carers as I know them and have the same girls all the time", and "My son is definitely safe with them."
- Staff were confident to identify various signs of abuse. Staff had received training in safeguarding.
- Safeguarding incidents had been notified to CQC. Investigations had been completed which included identifying areas for action. Where necessary appropriate action had been taken to resolve these issues.

Preventing and controlling infection

- People were protected from infection. People and their relatives told us staff always wore appropriate PPE. Comments included, "Their infection control is very good, and they are aware of keeping people and themselves safe during the pandemic."
- Staff had received training regarding infection control.
- Staff had access to adequate amounts of PPE. Staff were able to tell us how they would put on, take off and dispose of their used PPE.

Learning lessons when things go wrong

- Lessons were learnt from any incident and information was shared with staff.

# Is the service effective?

## Our findings

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

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

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

- People's need were fully assessed prior to receiving any care. This included a detailed pre-assessment which allowed the provider to ensure they and their staff were able to care for people safely and to meet their needs. People and their relatives confirmed this. Comments included, "I have a care plan and I was involved with this and the care plan meets all my needs."

Staff support: induction, training, skills and experience

- Staff had the necessary skills and experience to care for people.
- New staff completed an induction prior to working in the community and were also supported to complete shadow shifts.
- People and their relatives told us staff had the right skills. Comments included, "As mum has deteriorated the carers watch when she is having drinks and food to make sure she has no swallowing issues", and "Dad is very wary of someone helping him with personal care but the carers do a good job as they have a good way with him."
- Staff had undergone observed practice to ensure they cared for people in line with their care plan.

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

- People were supported to maintain a good level of food and fluid intake.
- Care plans included details of people's likes and dislikes regarding food and drinks. Detailed information was available to staff to ensure they prepared food which reflected people's choice. One person told us, "They have helped me by making meals and always ask me what I would like."
- Where people required a specialised diet, for example a pureed diet, detailed instructions were available for staff to follow. In addition, staff told us they were confident to raise issues if they felt people required their diet to be reviewed, such as if people experiencing swallowing difficulties.

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

- Staff worked alongside other professionals to ensure people received effective and timely care. This included district nurses, GPs, occupational therapists and the emergency services. Comments included, "They will attend meetings in mam's house when the GP visits to review, and will discuss together a plan when her health needs change."
- The provider also worked alongside another care company to provide a joined-up approach to care. One staff member told us, "There is another care company who shares the care of [person's name], we work well together to make sure the person gets good consistent care."

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

- Staff supported people to live healthier lives. This included referring to and working with other professionals where a change in need was identified. One relative told us, "They are very aware if mum is not so good and feeling poorly, they called an ambulance one day as they said she was so lethargic and speech slurred."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions or authorisation to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of MCA.
- At the time of inspection, no person was deprived of their liberty.
- For those people who had appointed relatives or friends as their lasting power of attorney for their finances, health and welfare, copies of these documents were held on each person's file.
- Where able, people had signed their care plans regarding their consent.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated very well and received care and support which respected their equality and diversity.
- The majority of relatives spoke very highly of the level of care people received. Comments included, "They have so much respect for Dad", and "Even although my dad is looked after by a different company, mam's carer always includes him and if he needs anything she will make sure he gets it."

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

- People were involved in decisions about their care. This included the onset of care and the ongoing care people received.
- Staff told us an important part of their job was to support people to make their own decisions and to ensure people felt listened to. One staff member told us, "It's about listening to people and understanding what they want. The same way I would want to be listened to if I needed something doing."
- Care plans included lots of detailed information regarding how people wished staff to care for them. For example, one person wanted their hair to be washed on certain days, whilst using a shampoo cap. Another person wished for staff to leave a cup of fresh juice on their bedside table for them to drink before staff left the call.

Respecting and promoting people's privacy, dignity and independence

- People received care which promoted their dignity and independence.
- Staff were aware of the importance of ensuring people were supported to be as independent as possible. People and their relatives told us, "It is so nice to hear the girls having great conversations with mum and they show such dignity and respect towards her", and "The carers certainly got me back on my feet after I came home from hospital, they were very good."

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. Care plans included bespoke information for each person which supported staff to care for people in a way which met their needs and preferences.
- Care plans were reviewed on a regular basis and were updated as and when people's needs changed.
- Staff were very confident in their understanding of what person-centred care meant for people. Comments included, "It's about putting the person at the front of everything you do for them and doing things the way they want."
- Professionals were very complimentary regarding the care provided. Comments included, "North Haven have been very accommodating with one of my clients. They have responded very well in caring for this person, and no matter what challenges they get, they work through them to provide good person-centred care to this person."

End of life care and support.

- People were supported with end of life care.
- Staff had received training to support people at this very important time of their lives.
- Relatives provided very positive feedback regarding the level of care and compassion people had received from staff during their end of life. One relative told us, "They were always on time which was really important as [person's name] was very poorly by this point. They were supportive, patient, professional and caring, a credit to their profession. It was a very difficult time for the family. A couple of the carers came and stood outside the crematorium to show their respects before the funeral service which was really nice."

Meeting people's communication needs

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

- The provider was aware of the Accessible Information Standard. Information could be made available in various formats including audio, large print or easy read format to meet individual communication needs.
- People's care plans included information regarding people's communication needs. For example, one person was hard of hearing. Their care plan instructed staff to speak slowly and clearly to the person to support their understanding.

Improving care quality in response to complaints or concerns

- Complaints were investigated and actioned in line with the provider's own policy.

- People knew how to complain if they had any concerns. One person told us, "The manager listens and was quick to respond to my complaint about one member of staff that I didn't get on with. They moved them off my calls."
- The registered manager reflected upon any complaints received and used these as a tool to improve both processes and care.

# Is the service well-led?

## Our findings

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

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

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

- People were in receipt of care which was very person-centred. Every effort was made to ensure people were supported to live the best life they could, in the way they chose.
- Staff were very keen to provide good care. Feedback from people, relatives and professionals, supported this approach. Comments included, "One client was quite complex but [registered manager's name] was very accommodating and they tailor-made a package for [person's name]. They have responded very well", and "My mum was very poorly. They played quiet music in the background and kept mum clean and comfortable and were gentle with her."
- The registered manager was open and honest with people and their relatives. If something went wrong they acted quickly to put things right.

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

- Various audits were completed to monitor the quality of care and service provided. Where issues were identified, action plans had been created to address those issues found. We did identify one issue regarding allergy information on people's MAR charts which had not been identified during audits. We fed this back to the registered manager who took immediate action to update their audit tool.
- Without exception, all professionals and most staff we spoke with were very complimentary regarding the management of the service. Comments included, "We have no issues with North Haven, they are extremely responsive when we contact them about clients, they are excellent", and "The registered manager and office staff are very supportive."
- Staff we spoke with were very knowledgeable and passionate about the important role they played in people's lives. Comments included, "The clients get the best care we can give."
- Staff received monthly supervision sessions as part of their probationary period. Thereafter, supervisions are held on a quarterly basis. The majority of staff told us they felt supported by their line manager.

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

- People were involved with the service in terms of feedback which was gathered using various tools, for example surveys and phone calls.
- The provider had sent newsletters out to those people in receipt of care to let them know what was

happening in the service.

- Relatives had access to a dedicated and confidential family app on their phones. This allowed them to view their relatives care plans and daily care notes remotely. The registered manager told us relatives had found this a good idea, especially during the COVID-19 pandemic.
- Staff told us they received regular updates via emails/social media regarding what was happening. Most staff comments were positive regarding this approach, but some staff did say they often had delays when trying to obtain more information. We fed this back to the registered manager who agreed to look into this concern.

Continuous learning and improving care; Working in partnership with others

- The provider used all feedback to improve the care people received.
- The registered manager shared with us their imminent plans to employ additional staff to further enhance the quality process checks within the service. They told us they felt this was a crucial role in supporting the service to be the best they could be.
- The service worked well with partnership agencies to ensure people received good care. One relative told us, "They worked in partnership with other clinicians to make sure we as a family knew who to call if they were not there in event mum needed more pain relief."