

North Home Care Ltd

North Home Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

North Home Care is a domiciliary care agency providing personal care to 31 people at the time of the inspection. Not everyone who used the service received personal care. The Care Quality Commission (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

Right Support:

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. Staff supported people to take risks where this was appropriate. Plans were in place to minimise risks to people to enable people to be supported with their choices.

People were invited to provide feedback about the service and their support on a regular basis. People told us they felt staff listened to them.

Right Care:

People's care plans reflected their needs and the service had sufficient staff to meet people's needs. Staff had undertaken the training they needed to support people effectively.

Staff understood how to protect people from poor care and abuse and how to raise concerns. There were sufficient infection control processes in place to keep people safe. The provider checked to ensure staff were following good hygiene practices.

Where people received support with their medicines people received their medicines as prescribed.

Right Culture:

Auditing had improved and was used to support and drive forward improvements. Where improvements

were identified action was taken. Staff were happy in their role and told us they felt well supported.

The service worked in partnership with other organisations to improve outcomes for people.

Incidents were reported and action taken to minimise risks to people. Staff were recruited safely.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement, (published on 09 July 2019). There were no breaches of regulation. At this inspection we found the service had improved.

Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

Enforcement and Recommendations

Since the last inspection we recognised that the provider had failed to ensure their rating was displayed. This was a breach of regulation, and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

North Home Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 May 2023 and ended on 08 June 2023. We visited the location's office on 31 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought and

received feedback from health and social care professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and their relatives. We also received written feedback from 7 others. We spoke with 9 staff, including the registered manager, office staff, senior care staff and carers. We looked at care records for 4 people and medicines records. We looked at recruitment records for two new staff members and reviewed records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Staff had undertaken appropriate safeguarding training. Staff knew how to identify signs of possible abuse and knew how to report these. The registered manager knew how to report concerns to the local authority if they needed to do so.
- Staff told us that they were confident the registered manager would act if there was a concern. People told us they felt they safe with staff support. One person said, "I do feel safe with them. I think I am happy all-round."
- Staff knew how to report poor practice and who to contact outside their organisation if concerns arose.

Assessing risk, safety monitoring and management

- At the last inspection some risk assessments needed to be updated to ensure there was sufficient information for staff. At this inspection documentation had improved. For example, there was information for staff on how to identify if a person was developing a pressure sore and what to do if concerns arose.
- People were involved in managing risks to themselves and in taking decisions about their lives. Where people wanted to take risks, staff ensured they were supported to do so in the safest way possible. For example, staff had worked with specialist health care professionals to develop plans to reduce risks for one person.
- Staff knew people well and knew how to support people with their care needs. Comments from people and their relatives included, "They are very good. They are pleasant people. They know me well and know what they do." And, "There is good training as they are all up to the mark."

Staffing and recruitment

- There was enough staff to support people.
- People told us staff arrived on time and stayed the length of the call. One person said, "I've always found their carers arrived punctually, fully briefed, discharged their work efficiently, with courtesy and good humour." There was out of hours cover if staff needed to call someone for assistance or advice when the office was closed. One staff said, "There is never a time when I feel on my own."
- There were systems and processes in place to ensure staff were recruited safely. For example, Disclosure and Barring service (DBS) checks were undertaken. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were systems in place to ensure people received as prescribed. Medicine administration records

were complete and accurate.

- Staff had undertaken training in medicine administration and their competency had been checked. One person said, "They deal with all the medication, they are very efficient with that."
- Where people had as and when medicines (PRN's), such as pain relief, there were protocols in place to provide information to staff about what the medicine was for and how often it could be taken. There were body maps in place to ensure staff knew where to apply creams and pain patches where people needed this support.

Preventing and controlling infection

- Staff had access to sufficient personal protective equipment (PPE). Regular spot checks were undertaken to ensure staff were wearing PPE correctly and following safe infection control practices.
- Staff had undertaken infection control training and training in hand hygiene to ensure they knew how to keep people safe. One person said, "The carers are scrupulous in terms of hygiene."

Learning lessons when things go wrong

- Incidents and accidents were recorded. When things went wrong appropriate action was taken to reduce the risk of re-occurrence. For example, following concerns about one person's catheter changes were made to what information staff recorded to ensure concerns did not arise again.
- Accidents and incidents were reviewed by the manager to ensure any trends were identified.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Between this inspection and the previous inspection we identified that the provider had failed to ensure their rating was always displayed. This was a breach of regulation, and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full. Action was taken to ensure the rating was on display on the services website and is included in plans for a new website which is being developed.
- At the last inspection we found that quality systems needed to be improved as auditing had failed to identify care plans did not include all of the information they needed. At this inspection we found auditing had improved. When audits identified improvements were needed action was taken to address concerns. For example, staff received further medication training when auditing identified one person's creams were not always being recorded as administered.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. For example, there were regular spot checks of staff practice to ensure staff were providing people with good care.
- Care notes continued to be monitored to ensure people were being supported in line with their care plan. For example, one person's support with oral hygiene had not always been recorded as being undertaken. This was identified and raised with staff and monitored to ensure the support was being provided to the person.

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

- There was a positive personal centred culture at the service which was reflected in how staff provided support to people. The registered manager said, "I want this to be personal. I like it that we know everyone, and everyone knows us." One relative said, "When they [staff] turn up I can hear laughter. They have something, and it sets [my relative] up for the day."
- One health and social care professional told us, "They know their clients well, and take a person-centred approach to every client seeing them as individuals and tailoring their care to fit the client as best they can."
- Staff told us they felt able to raise concerns with managers and they felt listened too. The registered manager encouraged staff to speak to them about any concerns or issues they had. They were aware of the importance of supporting staff. One staff said, "I feel really well supported. They 100% look after staff well-being."

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

characteristics

- There were regular opportunities for people to provide feedback about the service they received. Surveys were undertaken every 3 months and people told us they were happy to contact the office if they needed to do so. Feedback from people was positive.
- One relative told us, "They are always available to us with any queries we have. They do all they can to help with anything regarding the care of our loved one." Where people raised issues, action was taken. For example, one person wanted their call times changed and this was done.
- There was also a survey for staff. There were regular meetings for staff where they could raise any concerns and discuss any changes to people's support needs.

Working in partnership with others

- Staff at the service worked in partnership with other services to provide effective support for people. For example, staff worked with occupational health teams, nurses and the speech and language team to support people with their health and wellbeing needs. One health and social care professional told us, "They know their clients very well and it has been possible to work together to achieve the best outcome for the client."
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area. This enabled them to keep up to date with best practice and new developments in the care sector.

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

- There had been no incidents which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The manager understood the need to be open and transparent if there was such an incident and understood their duty of candour responsibilities.