

Llayett Limited

# Good Neighbour Care

## Inspection report

Central House  
1 Ballards Lane  
Finchley Central  
London  
N3 1LQ

Date of publication:  
31 March 2023

Tel: 02083498222

Website: [www.goodneighbourcare.co.uk](http://www.goodneighbourcare.co.uk)

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Good Neighbour Care is a domiciliary care agency. The service provides support to older people living in their own homes. At the time of our inspection 10 people were using the service.

Not everyone who used the service received personal care. 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

All the people we spoke with who used the service told us they were happy with the care they received and would recommend the service to others.

People were supported by staff who knew how to protect them and keep them safe.

Staff protected people from harm and followed risk assessments to ensure they were supported in a safe way.

Staff had been recruited safely with appropriate pre-employment checks carried out.

Staff wore personal protective equipment (PPE), including face masks, when supporting people and were trained in infection control.

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.

People's care needs and any equality characteristics were assessed. Care plans recorded how people's needs could be met.

Management oversight of the service was not always effective in the absence of the registered manager.

The provider actively engaged with people and staff to be able to continuously learn and improve the service they provided.

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

The last rating for this service was good (published 13 December 2018).

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Good Neighbour Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation relating to management cover and leadership in the absence of the registered manager.

#### 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?

The service was safe.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Good Neighbour 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.

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by 1 inspector and 1 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.

#### 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 the service 48 hours' 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 available to support the inspection.

Inspection activity started on 12 January 2023 and ended on 20 February 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 19 October 2022 to help plan the inspection and inform our judgements.

### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with the registered manager who was also the nominated individual and 2 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 3 people using the service and 4 relatives.

We looked at a range of documents and written records including 2 people's care records, 2 staff recruitment records and information relating to staff training and the auditing and monitoring of service provision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the provider to validate evidence found. We continued to look at records the registered manager shared with us. We sought feedback from health professionals who work with 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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and received safe care.
- Staff told us they received safeguarding training and updates and were confident that they would know how to access the provider's safeguarding policy and procedures if needed.
- Staff were familiar with the whistleblowing policy and they were aware of contacts outside the provider if they needed to escalate a concern.

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed, monitored and managed effectively. One person said, "The carers know me well, they take one look at me and know if I'm not well. They know what to do and that makes me feel very safe."
- Risk assessments considered risks associated with people's environment, their care and support, mobility and health conditions.
- Regular reviews took place and plans were updated to reflect any changes in people's needs.
- Staff told us risk assessments provided them with clear information about the risks people faced and how to manage them safely. Staff were confident about reporting any concerns about people's safety.
- The provider had a business contingency plan which provided information and guidance on actions staff should take in emergency situations.

Staffing and recruitment

- There were safe systems in place for staff recruitment. All required checks had been undertaken prior to people commencing employment.
- People received consistent care and support from suitably skilled and experienced staff.
- People told us their visits were carried out by regular staff. One person told us, "I have the same carer Sunday to Friday and then one or two others fill in on Saturday. They ring if they are going to be late, but I have told them not to worry about it."
- Staff confirmed they visited the same people. One staff told us, "I know my schedule and my clients very well."

Using medicines safely

- The provider had appropriate policies and procedures relating to the management of medicines. However, at the time of the inspection, none of the people using the service required support with their medicines.

### Preventing and controlling infection

- Safe practices were followed to help prevent the spread of infection including those related to COVID-19.
- Staff received training in infection prevention and control (IPC) and the use of personal protective equipment (PPE) and they were provided with up to date government guidance in infection prevention and control practices. The registered manager carried out spot checks to assess staff knowledge and practice in this area.
- People and their relatives told us staff used and disposed of PPE safely. Comments included, "The staff wear masks and wash their hands before and after providing care."

### Learning lessons when things go wrong

- Lessons were learned and shared across the staff team.
- Changes were made to the service based on feedback from people, family members, external professionals and staff.
- There were no recent accidents or incidents that had occurred at the service, however there was a system in place for recording, monitoring, managing and learning from any accidents and incidents.

# 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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent.

Although leaders and the culture they created supported the delivery of high-quality, person-centred care, the service management and leadership were inconsistent in the absence of the registered manager.

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

- We were not assured of the registered manager's understanding of their regulatory responsibilities. The service was asked to complete a PIR in September 2022 however CQC did not receive a response. The registered manager told us they had since reviewed systems in place to ensure this situation is not repeated.

We recommend the provider regularly review systems they have in place to ensure adequate management cover and leadership in their absence.

- The provider had a system in place for monitoring and managing service quality. This included regular audits, spot checks, care reviews and supervisions.
- The registered manager and staff understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the review and monitoring of the service.
- Staff understood their responsibilities, they were provided with job descriptions and had access to a range of policies and procedures relating to their work.

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

- We found there was an open culture within the service. The provider had a clear vision and commitment to providing a person-centred service. Staff we spoke with shared this commitment.
- People were supported in a sensitive and kind manner. Feedback from relatives was positive and evidenced they felt included and listened to. People and their relatives spoke very positively about the registered manager and staff. They told us, "They are very good", "If I ring the manager the problem always gets nipped in the bud straight away" and "They are good people; they are doing it with a good heart."
- Staff told us they felt supported and spoke very positively about the work they did and how the service was managed.

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

- The registered manager was aware of their responsibilities regarding duty of candour. They acted in line

with the legal requirements to be open and transparent.

- Good relationships had been developed between the registered manager, staff and people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People, relatives and staff were regularly asked for feedback about the service through meetings, phone calls and reviews. This information was used to further develop the service.
- People's protected characteristics were considered and addressed. For example, following appropriate risk assessment and planning, a person was successfully supported to observe fasting during the month of Ramadan.
- Staff told us their views were listened to and acted upon by the registered manager. Staff said they felt well supported.
- A relative told us, "The registered manager is very much doing it from her heart. They are very easy to talk to and deal with concerns effectively."
- The service worked with other health and social care professionals in line with people's specific needs. A health professional commented, 'The registered manager appear to have a good relationship with the client and her family and was very passionate about making sure that the client's need were met with the provision of suitable equipment.'
- Care records showed evidence of professionals working together. For example, GPs and various specialists specific to people's health conditions/needs. Regular reviews took place to ensure people's current and changing needs were being met.

Continuous learning and improving care

- The provider was committed to continuous learning and improvement.
- A number of audits and checks provided information which was used to inform improvements to areas of work, such as record keeping and care delivery.
- Spot checks were completed with staff to help ensure they continued to provide good care as required.
- Regular surveys were undertaken to gain feedback from people who used the service and their relatives.