

North London Homecare and Support Limited

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Inspection report

Circle Line House
8 East Road
Harlow
Essex
CM20 2BJ

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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

The inspection took place on 28 April and 29 April 2016. North London homecare and support provides support to individuals in their own home. The service supports individuals with a variety of care needs in Harlow and the surrounding areas, and at the time of the inspection was supporting 68 people living in either supported living accommodation or in their own homes.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

People are supported by staff to live individually in their own homes or in small groups, referred to as independent supported living schemes. Different levels of support are provided over the 24 hour period dependent upon people's requirements. Many of the people are tenants of their home and pay rent for their accommodation which is leased from housing associations.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

The provider had systems in place to support people to take their prescribed medicines safely.

A robust recruitment process was in place and staff were recruited and employed upon completion of appropriate checks.

Care workers had positive relationships with people who used the services. Care was personalised and met people's individual needs and preferences. People, or their representatives, where appropriate, were involved in making decisions about their care and support and felt listened to and included. Care workers treated people with dignity and respect and promoted people's independence.

Management and staff had good knowledge of legislative frameworks i.e. Mental Capacity Act 2005 to ensure people's rights were protected

People were supported with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health care professionals when needed.

Assessments had been carried out and personalised support plans were in place which reflected individual needs and preferences.

The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

People were supported to identify and carry out their own person centred interests as well as form a community of friends within the service

The registered manager and provider conducted regular audits and improvements were carried out when these had been identified. The quality of the service was monitored and assessed consistently. People who used the service, family members and staff were regularly consulted about the quality of the service they received.

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 were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

A robust recruitment process was in place and staff were recruited and employed upon completion of appropriate checks

Staff followed the correct procedures for supporting people with taking their medicines safely and as prescribed

Is the service effective?

Good ●

The service was effective.

Management and staff had good knowledge of legislative frameworks i.e. Mental Capacity Act 2005 to ensure people's rights were protected.

People were supported to access healthcare professionals when required.

Staff were supported to attend various training courses specific to people's needs.

Staff were able to apply knowledge to support people effectively.

Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People's view and opinions were listened to.

People were supported to maintain their independence.

Is the service responsive?

The service was responsive.

People were supported to identify and carry out their own person centred interests as well as form a community of friends within the service.

Care plans contained detailed information required to meet people's needs.

The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

Good ●

Is the service well-led?

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

The quality of the service was monitored and assessed consistently

People who used the service, family members and staff were regularly consulted about the quality of the service they received.

Good ●

North London Homecare & Support Limited

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 took place on the 28th April 2016 and the 29th April 2016 and was announced. We told the provider 48 hours before our visit that we would be coming. We did this to ensure the manager was available as they could be out of the office supporting staff or people who used the service.

The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection we met the manager at their office and spoke to three members of staff. We also visited four people in their own homes and spoke with the staff who were present at those visits. We reviewed six care records, training records, four staff recruitment and support files and records which related to the management of the service. After the inspection site visit we spoke with a further three members of staff and four people who used the service on the telephone.

Is the service safe?

Our findings

People told us that they had no concerns about staff's ability to provide care safely. One person said, "I definitely feel safe." Another person told us, "Yes, I trust the care staff."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff knew about safeguarding people, what constitutes abuse and the action that they must take. One staff member told us, "I would report it to the office; they take what I say very seriously."

Staff we spoke to with demonstrated a good understanding of these processes and were able to tell us of actions they would take if they were concerned about a person's safety. One member of staff told us, "The manager is always on the end of the phone to ask for help or advice."

People's care and support was planned and delivered in a way that ensured their safety and welfare. People had detailed risk assessments which were reviewed regularly. The risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur, and what steps were needed in order to reduce the risk. These included environmental risks and manual handling.

Support plans were regularly reviewed in order to support people safely. Risk assessments and practical approaches to keep people safe had been discussed with people and their relatives and documented in support records to allow staff to manage risks appropriately. For example, the manager had created a colour coded system for each person on their level of vulnerability. This system was in place for emergencies such as extreme weather conditions, this would enable the service to prioritise visit planning to those at most risk.

There were sufficient numbers of staff deployed to meet people's support needs and to help to keep them safe. The staffing support was tailored to each person's individual needs. This varied from one to one staff support for people who had complex needs to shorter visits each day for people who were relatively independent. Staff told us the staffing levels were appropriate to meet the needs and preferences of the people they supported. One staff member told us, "Yes there generally is enough staff, last minute sickness can be difficult but staff do cover."

People who used the service were very complimentary about the quality of the staff that provided care, and told us they were supported by a consistent group of staff which helped provide continuity of care. One person told us, "I always know who is coming." Staff also confirmed that they visited the same people regularly.

Staff told us the staff team were flexible and worked as a team and were able to cover if necessary, for example if someone was off sick or on annual leave. The managers told us that if staff were unable to cover then they themselves would carry out the care visits. Staff confirmed that on occasion this happened.

Missed or late calls were monitored by the registered manager who told us they very rarely missed a visit but did monitor late calls. We saw in records evidence of late calls, none which were over 30 minutes late, these were also monitored by the managing director as part of a three monthly audit process. Any late calls related to staff performance were addressed through supervision.

People we spoke with told us they had never had a missed call. One person told us, "They come as near as they can." Another person told us, "They come at the right time."

We found that the recruitment of staff was thorough to ensure only suitable people with the right skills were employed by the service. Checks on the recruitment files for four members of staff evidenced they had completed an application form, provided proof of identity and satisfactory references were obtained. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Some people required assistance or prompting to take their prescribed medications. Systems were in place to enable the safe administration of people's medications. Staff received training in how to give medication. Staff were only able to administer medication once they had been assessed as competent by a senior member of staff. This process involved observation of their practice and staff were reassessed on a bi-annual basis to ensure their practice was safe.

Medication audits were carried out to ensure that medications were stored, administered and used safely at the end of every month. If any errors or omissions were noted beforehand, staff members call these into the office immediately. We saw in records evidence of this and the action the manager had taken.

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, "They help me with anything." One relative told us, "They are trained well to use equipment, staff are knowledgeable on that."

Staff were knowledgeable about people's needs and preferences and support was provided in line with people's individual support plans this ensured people experienced a good quality of life. One member of staff told us, "I work with the same people, and they know me and I know them."

The service had an in-house trainer and facilities to train staff on site. A training plan was provided which showed training was available to staff on a regular basis. Staff told us they received comprehensive training in how to effectively meet people's needs. This included general training such as safeguarding, medication, and health and safety. Training had also been provided to enable staff to meet specific needs of people who used the service. For example, staff received training related to autism, behaviours that challenged and epilepsy.

Staff told us that the induction and on-going training programme gave them the skills and knowledge they needed to carry out their roles. The in-house trainer also provided one to one support sessions for new staff using the Care Certificate as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that these workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, high quality care and support. One staff member told us, "I meet with [Named] to go through everything." The in-house trainer had also trained experienced staff to mentor newer staff.

A relative told us, "They have a very good trainer; they will not do things unless they are trained, they will not give medication unless it is on the medication administration chart."

Staff were also supported to achieve Health and Social care diploma's and were paid an incentive to complete these.

All of the staff we spoke with told us they were well supported by their manager and had regular meetings to discuss their progress. Records showed that staff received ongoing support and assessment through supervision sessions and regular unannounced spot checks which were used to identify areas where further learning and development was required. These spot checks were carried out by senior staff and looked at how staff were dressed, whether they were keeping accurate records, following infection control procedures and filling in MAR sheets correctly. We checked records and found staff had received regular supervisions and appraisals. This meant that staff was fully supported in their role.

People's care records showed the involvement of health and social care professionals, and we saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, GP's, occupational therapists, the local

mental health team, and social workers. Records reflected the advice and guidance provided by external health and social care professionals. This meant staff had the correct information available to work with professionals to ensure the individual needs of the people were met. For example, we saw that a person who had been referred to the GP for a medication review as a result of staff monitoring the person's behaviour.

People's consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us the staff asked their consent before they provided any care. Care plans had been signed to give permission for the information in them to be shared with others.

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 registered manager told us that they were following best practice guidance about mental capacity and best interest decisions. Staff understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager. A staff member told us, "People have the freedom to choose how they live, if I was unsure I would go to the team leader."

Staff assisted or prompted some people to have sufficient to eat and drink and to have a balanced diet. Some people were independent and able to buy their own food shopping but were assisted by staff to prepare their meals. One person told us, "I help to cook and I choose what I want to eat." Another person told us, "I love helping the staff, I lay the table and help cook." One staff member told us, "People choose, for one person I open the cupboard and let them pick what they would like, everyone helps."

Is the service caring?

Our findings

People were treated with respect and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Care plans contained a personal profile that recorded details about people's life, their likes, dislikes, and personal preferences.

People said staff were caring when they supported them. One person commented that staff were, "My friends." Another person told us, "The staff are very kind, they help me with anything." Relatives told us staff were caring when supporting their family members. One relative commented: "They provide care when we want it, and what we want."

People benefitted from having staff with an in-depth understanding of their individual needs and preferences. We observed staff working with people using the service during our visit to a supported living environment. They used their knowledge of individual people to help them communicate and interact with us and help us gain their views. Staff supported people to talk to us, so that they were not anxious or uncomfortable.

We asked staff members how they supported people to maintain their independence. One staff member told us their role entailed supporting people to attend appointments, accessing the community, and undertaking activities whilst encouraging them to be as independent as possible. Another staff member told us, "[named person] does all his own washing, hoovering; he helps with cooking, and every aspect of everyday life."

When staff spoke with us they were respectful in the way they referred to people. Staff spoke compassionately about the people they supported and wanted to promote people's welfare and well-being. A consistent team of staff worked with individuals and the approach of the staff we spoke with was person centred. One staff member told us, "We are like a family." Another staff member told us, "We are able to see people consistently; this helps us build positive relationships."

People were supported to maintain on-going relationships with their families. If needed, people were supported to visit their families and people's relatives were encouraged to visit them. For example, a staff member told us that he supported one person to visit their parent daily, and this had helped the staff member develop positive relationships with the person's relatives and friends.

People told us staff treated people with dignity, respect, and upheld their rights to privacy. One person told us, "The staff help with my privacy, they always close the doors and knock." Another person told us, "I can talk to [Named carer] about anything."

Staff were able to explain to us how they treated people respectfully. One staff member described how they maintained people's privacy and dignity when providing personal care by closing curtains and doors. Another staff member told us, "I make sure we are prepared with dressing gowns and towels."

Is the service responsive?

Our findings

The service was responsive to people's needs and supported people to lead meaningful and fulfilling lives. People told us how they were supported to pursue activities of their choice. One person said, "I go shopping and to have my nails done." Another person told us, "I went to bush fair today." People were also supported to plan holidays and go to destinations of their choice with staff. One staff member told us that they had recently supported a person to go on holiday, they told us, "Different people choose where they would like to go on holiday, and we had a good time."

Another staff member told us that people go out a lot, some go to a local club, to the cinema, bowling and for lunch.

We saw that one key worker had started to record each person's activities on a weekly programme, he told us this made sure care staff were supporting people to participate in their regular activities consistently. One person liked baking and regular days were organised so the person could bake with a staff member.

To celebrate Dementia Awareness week several people were taken out for high tea to enable people to meet socially. The manager told us as a result of this event two of the people were now meeting regularly to play chess together. Another person was supported by a staff member to visit the ideal home exhibition, something that the person had previously always attended. The staff member told us, "We had an excellent day."

The service provided personal care based on each individual's needs and preferences. Some people needed full support with all their personal care needs whereas others were more independent and only needed a few hours support each week. People's care needs had been assessed before receiving the service, which helped to ensure the service was able to meet their needs. A support plan had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed.

People where possible had been involved in the planning of their care through the assessment and care planning process and also at on-going reviews of their care and support. People had signed where possible to say they agreed with the care as part of the initial assessment process. People had a core team of staff including a key worker responsible for ensuring their support plan and risk assessments were up to date and appropriate to their needs.

People and their relatives were aware of how to raise a concern and told us they were confident the service would take appropriate action. People were given information about how to make a complaint when they started using the service and we saw they were confident going to the head office and speaking with staff there. One person told us, "I would ring [manager] or anyone in the office." A relative told us, "I know who to complain to, and I would if I needed to."

When complaints were made these were processed in a timely way, with outcomes clearly recorded. Compliments about the service were also recorded. We noted that a significant number of compliments had

been received about the service.

Is the service well-led?

Our findings

The agency had a clear management structure in place. The registered manager had a deputy manager and two assistant managers to support her; there were also two co-ordinators. Comments from people and their relatives included, "Manager is very helpful" and, "I ring [named] if I need anything."

Staff told us they received good support from the management team. Staff told us, "There is an on-call system, so always someone on the end of the phone, there is good support" and, "We communicate well, there is very good team morale and the managers are very approachable." Another member of staff told us, "I find the managers very helpful; they offer advice and are supportive." One member of staff told us that while she was caring for someone at the end of their life, when she needed support, the team arrived straight away to support the person and the staff member.

Staff told us the service was well organised and they enjoyed working at the service. They said the management had visible presence in the daily running of the service. They also told us that they were treated fairly, listened and that they could approach them at any time if they had a problem. The manager told us her team worked alongside the staff team which gave her and her team the opportunity to observe staff practice and competencies and also to give advice and guidance.

One staff member told us, "[Manager] is excellent, hardworking, and easy to approach."

All the staff that we spoke with said they felt valued and supported in their roles. We saw that staff meetings had taken place where various topics had been discussed such as care planning, general procedures, and client information. We saw minutes from these meetings which confirmed they had taken place. Staff had also been recently consulted on an individual basis on changes to their contracts.

Policies and procedures were available and recently reviewed, these policies included safeguarding, complaints and medicines and were relevant, up to date and applicable to the service. The manager meets with the provider to discuss any changes to policies and procedures, and these are shared with staff through supervision sessions.

Incidents and accidents were reported accurately by staff. We saw forms that showed detailed information and actions created which the manager had reviewed. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC). We saw records that these notifications had been made where necessary.

Staff members were encouraged to gain skill and knowledge through training opportunities. We saw that the registered manager and provider encouraged staff to undertake professional qualifications, and offered a monetary incentive to staff on completion. The service employed a company trainer to deliver face to face training. The manager and provider also regularly outsourced training for specific subjects when a need was identified.

We saw that quality control had been implemented. The people we spoke with told us that they had

received questionnaires on the service that asked them their opinion on the care they received, and asked to comment if desired. Comments included, "Everyone is very helpful" and, "Very supportive, care staff friendly, kind, and helpful."

The registered manager informed us that the service had quality assurance systems in place that were used to monitor and improve the quality of the care provided. We saw that audits had regularly taken place by the managing director and these audits were very detailed and looked at all aspects of the service, the audit included actions required for the manager to address.

We also saw that the manager operated a regular courtesy call system and face to face visits to monitor service provision.