Quality HomeCare NorthWest Limited

# Quality HomeCare Northwest

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Quality Homecare Northwest is a home care provider which offers domiciliary care services and personal support. The service provides care and support for people of all ages within their own homes. Support provided includes assistance with personal care, medication, nutrition and hydration and accessing the community. At the time of our inspection the service was supporting nine people. Not everyone using Quality HomeCare received the regulated activity personal care. CQC only inspects the service being received by people provided with 'personal care' which would include help with tasks related to personal hygiene, eating and administration of medication.

The service registered as a new provider in February 2018. Newly registered services are inspected within 12 months of registration and so this was the service's first inspection. The service had a manager in post who had applied to the Care Quality Commission (CQC) to become registered. A registered manager is a person who has registered with 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. At this inspection we rated the service as 'Good.'

Our findings showed care and support was provided to people in their own homes on a flexible basis and based on individual need. The amount of support varied from half hour calls to overnight stays where required.

We received positive views from people about the support provided to them or their family member. People told us they received a consistent and reliable service that met their needs. People told us staff were caring and compassionate and treated them like a member of their own family.

People told us they felt safe in the way staff supported them. People were kept safe by the use of appropriate risk assessments and provision of care by staff who were familiar with their needs.

Staff's suitability to work with vulnerable adults at the service had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken.

Staff had received training which equipped them with the knowledge and skills to ensure people received adequate care. Some staff had received more specific training to meet the needs of people living with specific health conditions, for example, training in dementia awareness. People told us they felt staff had the skills, knowledge and competency to carry out their role.

Medication was managed safely and was administered by staff who were trained and competent to do so. People who wished to self-medicate were supported by staff to do so safely, this helped to promote people's independence.

Care records contained information to identify people's requirements and preferences in relation to their care. People told us they had been fully involved with their plan of care and that their choices and preferences around their care and support were respected.

People were supported by staff to attend health care appointments, for example, GP and hospital appointments. This helped to maintain people's health and well-being.

Although all of the people using the service were able to consent to their care and treatment, staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA). The MCA is legislation which protects the rights of people to make their own decisions.

Quality assurance processes were in place to seek the views of people using the service. People's opinions had been sought by the use of questionnaires and feedback received was positive. This helped to both assure quality and drive improvement.

The manager was a positive role model. The management team placed emphasis on the importance of not only supporting people but their family members. They were described as being supportive and approachable and always putting the needs of people first. They showed a continued desire to improve on the service and maintain the deliverance of high quality care.

## 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.

Systems were in place to protect people from the risk of abuse.

Peoples care records contained appropriate risk assessments.

Medicines were managed and administered safely.

Staff were recruited safely to ensure their suitability to work with vulnerable people.

### Is the service effective?

Good

The service was effective.

We found that consent was sought in line with the principles of the Mental Capacity Act 2005.

Staff were well supported in their role through training, supervision and appraisals.

### Is the service caring?

Good

The service was caring.

Staff were knowledgeable about people's preferences, routines and life histories.

People told us staff were kind and compassionate.

### Is the service responsive?

Good

The service was responsive.

People's plans of care were regularly reviewed to ensure that their current needs were met.

Systems were in place to gather feedback from people and listen to their views. People knew how to make a complaint if needed.

## Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor the quality of the service and identify any potential concerns.

There was an extensive set of policies to provide staff with guidance.

Feedback regarding the overall management of the service was very positive.

# Quality HomeCare Northwest

**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 checked 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.

This inspection took place on 5 February 2019. The provider was given 48 hours notice of the inspection. This was because it was a small service and we wanted to ensure the people we needed to speak with were available.

The inspection was conducted by an adult social care inspector. Before the inspection we checked information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law. We also invited the local authority commissioners to provide us with any information they held about the service. We used all this information to plan how the inspection should be conducted. Due to technical difficulties, the service did not receive a Provider Information Return (PIR) request from CQC prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made.

During the inspection we spoke with the manager, the care manager, a member of care staff, two people who used the service and two relatives. Although we were unable to observe the delivery of care people received, we asked them about their experiences over the telephone.

We looked at care records belonging to four of the people using the service, four staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service.

Good

# Is the service safe?

## Our findings

People we spoke with during the inspection told us they felt safe using the service. Comments included ''I feel completely safe, the staff make me feel secure'' and ''I have always been introduced to new staff so I know exactly who's coming to my home.'' Comments from relatives included, ''They [staff] have never been late or missed a call, I know [relative] is well looked after'' and ''I feel [relative] is safe when the staff are with them, they are well trained for their role.''

The service carried out a detailed assessment of people in their own homes before offering a package of care, and took time to ensure they could meet the needs of the person in full.

Risk assessments were in place to help keep people safe. These included manual handling and environmental checks. Risk assessments contained sufficient information and guidance for staff on how to minimise the risk of harm occurring. One member of staff explained, ''People's care records are also kept in their home, this means we can read them anytime.''

Staff told us about how they would report any concerns they had, such as if a person wasn't eating well. The service used a contact sheet for each of the people they supported which documented any concerns reported by staff. This helped to ensure that any changes in a person's care needs were acted on promptly and helped promote the safe delivery of care.

We saw that calls to people were organised geographically, this helped reduce the travel time between calls and minimise the risk of staff not arriving on time. People told us staff were always on time and had never missed a call.

We looked at staff rotas and saw that staff were allocated adequate travel time between calls and that people were supported by small staff teams to help ensure continuity of care.

The service had an 'on call system' and people told us they were able to contact the office at anytime. The manager and care manager arranged their shift patterns so that there was always a senior member of staff on duty including the weekends.

Accidents and incidents were recorded appropriately and analysed by the manager for any trends and patterns which helped to prevent reoccurrence. Spot checks were also carried out by senior member of staff to help identify any potential issues.

A safeguarding policy was in place for staff to follow should a safeguarding incident occur. Staff we spoke with were confident and knowledgeable about how to recognise the different types of abuse and how to report any concerns. Staff told us they received safeguarding training as both part of their induction and their continuing training programme.

We looked at the recruitment records for four members of staff. We found that the provider carried out

appropriate pre-employment checks such as a disclosure and barring service check (DBS) and reference checks. This helped to ensure that staff members were safe to work with vulnerable people.

We looked at how the service supported people with taking their medications. Although most people using the service self-medicated, some required staff to assist with or administer their medication. Staff had received training in how to administer medication safely. Staff also had access to a policy for the safe handling of medications. We looked at a sample of medication administration recording charts (MARs) and found they were completed appropriately.

Good

# Is the service effective?

## Our findings

People spoke very highly of their care workers and said they had never had a missed call. People told us new staff members were always previously introduced to them and they had never had a member of staff they didn't know visiting them. People also told us their care workers arrived on time and stayed as long as they should, or longer if needed. One person told us, ''The staff are so good and very reliable, they never been late or missed a call.''

The manager told us the service operated a key worker system. This matched staff and service users depending on their shared interests and personality traits. This helped staff to build good relationships with the people they supported and ensured people received personalised care and support dependent upon their needs and preferences. One person we spoke with told us, ''They [staff] know me as well as my own family.''

The service was small in size and employed six members of staff all of whom were female. The manager informed us that a male staff member would be recruited at the next vacancy so that people could choose the gender of their care giver.

People's care records showed evidence of both the person and their relatives involvement in the initial assessment process. Relatives were invited to provide information about people's background such as health status, former occupation, preferred activities and significant relationships. This ensured that the service could meet the needs of the person in full and that the appropriate level of care, support and staff were implemented.

Care records also contained a detailed record of people's preferred daily routines and activities in the form of a social care support plan. This meant that staff could support people with activities which were meaningful to them. For example, one person's care records specified they preferred porridge and fresh fruit for breakfast and enjoyed watching Bronte films.

Senior members of staff carried out regular assessments of people's care needs and requirements so that any changes in care needs could be identified and the necessary support implemented.

People were supported by staff to attend any external healthcare appointments such as GP and hospital appointments. This was important for people who were unable to communicate with healthcare professionals and needed an advocate to speak on their behalf.

The manager provided us with information on staff training. We saw that training was provided in a range of health and social care topics such as health and safety, medication, safeguarding, whistleblowing, infection control and food hygiene. In addition, some staff had received specialised training to meet more specific healthcare needs of people such as dementia awareness and end of life care. One member of staff told us, ''I requested dementia training and it was organised right away.'' Training followed the Care Certificate which was introduced by the Government in 2015. It is a set of standards that social care and health workers

comply with in their daily working life and should be covered as part of induction training of new care workers. The service had also built up strong relationships with a local college which helped with the deliverance of more bespoke training, such as person centred care.

New staff underwent a period of induction and shadowed more experienced staff for one week. They were also introduced to the people they would be supporting. This helped staff to become familiar with the needs and preferences of the people they would be supporting in the future.

We checked records of staff supervisions and appraisals. Supervisions and appraisals are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. These are important to ensure staff are supported in their role. Records showed staff had been provided with regular supervision and an annual appraisal for development and support. Staff we spoke to found these useful and a good way of enhancing their own personal development.

We asked people if they found it easy communicating with the office. They told us they could always speak to someone at the office if they needed to. People and their relatives told us the manager was good at keeping in touch with them and telephoned them to ask how things were. This showed effective communication between the service, people supported and their relatives.

We looked to see if the service was working within the legal framework of the MCA (Mental Capacity Act 2005). The 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. Staff had a good understanding of the MCA. Most people being provided with services had capacity to consent. We noted that some people had LPAs (Legal Power of Attorney) in place in relation to financial and health matters. It was evident that the service consulted the LPA appropriately and decisions were made in people's best interests.

Good

# Is the service caring?

## Our findings

People told us staff were care caring and supportive, comments included, ''I am very happy with the staff, I can't praise them enough, they always take the time to sit and talk to me'' another person told us, ''They [staff] are so warm and caring, I consider them as friends.''

The manager demonstrated, by example, a commitment to promoting a caring culture throughout the service. This was supported by feedback we received from people who used the service and staff members. It was evident that staff genuinely cared about the people they supported. The manager told us that during the festive period they had cooked Christmas dinners for people who would be spending Christmas alone and delivered them to their home. One member of staff told us they regularly cooked Sunday lunch for some people who were unable to do this for themselves. The manager told us, ''We treat people like one big family here.'' A relative told us, ''They even took [person's] bedding home to be washed and dried, they absolutely go above and beyond the call of duty, I simply can't praise them enough.''

We saw evidence from people's care records that they were involved in choice around their care, personal preferences and routine, one person told us, ''They [staff] know what they are doing, they know me and how I like things to be done.'' Comments from relatives included, ''Staff will do anything for [person], they genuinely care, they can not be faulted'' and ''[Staff] just don't meet our expectations, they exceed them.''

People told us staff took care to maintain their dignity and respect. One person told us, ''I am a very private person but the staff make me feel completely comfortable.''

We saw that the service adhered to the principles of the Equality Act 2010. This is legislation designed to preserve people's protected characteristics such as age, disability, sexuality, culture and religion. The manager told us about how staff had supported a person with a protected characteristic. The manager told us that although the person lived out of the geographical area, staff were willing to travel to provide support. This helped the person to live the life they chose and helped the person to feel both accepted and integrated within the wider community.

We asked staff what equality and diversity meant to them. A member of staff explained, ''It's about finding out about what the person likes and wants and promoting their choice at all times.''

For people who had no one to represent them, the service would support them in finding an advocate to ensure that their views and wishes were considered.

The manager told us that new business was primarily generated by word of mouth. People and relatives we spoke with told us they would not hesitate in recommending the service to others.

Good

# Is the service responsive?

## Our findings

We saw that people's care records contained detailed information about their preferences in relation to their care and treatment. Where appropriate, people's relatives had been consulted during this process, this helped build up a picture of the person's needs and how they wished to be supported. One person told us, ''I was asked lots of questions when I first started and they [manager] came out to see me in my own home.'' Care records contained detailed information and guidance for staff on how to best provide care and support based on both need and preference. Along with care records, daily records were in place which provided an overview of the care and support delivered by staff.

A re-assessment of needs was undertaken on a regular basis to ensure that any changes in people's needs and care were identified. For example, as a direct result of consultation with relatives, one person's care plan had been updated to reflect additional support required during the evening. A relative told us, ''The care plan is always being updated and I am fully involved in the process, the level of communication here is fantastic.''

People who used the service were provided with a 'Service User Guide' which contained important information such as contact numbers for the office, out of hours support and external complaints organisations, for example, the Local Authority. This showed people were provided with information to promote their rights.

People had access to a complaints procedure and people we spoke with told us they knew how to make a complaint. At the time of our inspection the service had not received any complaints. The manager told us they actively encouraged people to feedback on a continual basis so that any issues or concerns could be addressed promptly. One person told us, ''I have not had the need to make a complaint, if I did have an issue, I only have to pick up the phone to the manager and I know they would address it.''

The manager encouraged an open-door policy and told us that both people and staff were encouraged to call into the office whenever they wanted, this helped to maintain good lines of communication.

Some members of staff had received end of life training in conjunction with a local hospice. This showed that end of life care was considered and supported.

Good

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manger in post who was in the process of applying to CQC to become registered. Feedback about the manager was positive, one person told us, ''The manager is highly professional and thorough in everything they do.'' Relatives were equally complimentary, comments included, ''[Manager] is supportive, approachable and always cheerful'' and ''The manager provides an incredible service.''

We saw the service had a clear and defined management structure. The manager was supported by a care manager and two senior members of care staff. Both managers adopted 'a hands-on approach' and delivered care and support themselves. This helped to promote quality as it provided an opportunity to identify any areas where improvements needed to be made. A relative told us, ''The manager is aware of exactly what's going on with [person] and that's reassuring.''

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service.

As part of the quality assurance procedures, we found regular spot checks to people's homes took place to ensure people were being provided with relevant and appropriate support. The audits we reviewed were up to date and identified were improvements were required and what action was needed to implement change. We noted from records that the service had not missed any calls. The manager told us, ''There is always cover even if it's myself or the care manager.''

We looked at how accidents and incidents were managed and found they were recorded appropriately. Records were analysed by the manager to identify any trends or patterns which helped to maintain people's safety.

Staff had access to a wide range of policies including topics such as safeguarding, whistleblowing, infection control and equality and diversity which were up to date. We noted the safeguarding policy referenced the local council's own safeguarding guidance. This helped to promote best practice approaches amongst staff.

We checked to see what support systems were in place for staff. Staff meetings were held on a regular basis and staff told us they found the meetings useful. We looked at minutes of meetings and saw that best practices were promoted. One member of staff told us, ''The meetings are so useful and my opinions are taken on board.''

The manager told us they encouraged an open-door policy and staff could call into the office at any time to discuss any professional or personal matters. Staff also had access to the office's computer to enable them to complete online training. Staff were acknowledged for their hard work. The manager told us staff

periodically received chocolates or flowers in recognition of their contribution to the service. One member of staff told us, ''Getting flowers was a wonderful surprise, it made me feel worth something, I love my job.''

We spent time talking with the manager who told us that although they had plans to develop the service further, they did not wish to expand the service too rapidly as they were committed to maintaining the quality of the service.

We looked at processes in place to gather feedback from people living at the service and listen to their views. We saw that questionnaires were used to gather people's opinions and suggestions about the service. Comments included, ''The service is amazing! They are very particular in regards to the staff they employ and this definitely shows'' and ''I always recommend Quality Homecare whenever I hear of anyone else looking for home care.''

The registered manager had notified CQC of incidents that had occurred in accordance with registration requirements.