

Northstar Home care Limited

NorthStar Home Care Ltd

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Northstar Home Care is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection the agency were supporting four people with aspects of personal care. This included help with tasks related to personal hygiene and food preparation.

People's experience of using this service and what we found

Comprehensive risk assessments were completed by the provider to enable staff to support people safely. Care plans were person centred and recorded what a good day and a bad day was for the individual. People were supported by a regular staff team.

The provider and registered manager kept in regular contact with people using the service to gain their views. The provider had implemented a new monitoring system which gave them clear oversight of the service.

The provider had implemented a COVID-19 satisfaction survey. This gave the provider insight into how people were feeling during the pandemic and feedback on the support they had received.

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

Rating at last inspection and update

The last rating for this service at the previous location was requires improvement (published 19 September 2019). There were multiple breaches identified. The breaches from the inspection were followed up by a targeted inspection (published 23 September 2020). At the last inspection improvements had been made however there remained breaches in regulation 17 and regulation 19. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has

changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northstar Home Care Ltd on our website at www.cqc.org.uk.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

NorthStar Home Care 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 team consisted of one inspector.

Service and service type

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

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 in the office to support the inspection. Inspection activity started on 29 April 2021 and ended on 10 May 2021. We visited the office location on 29 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 two people who used the service about their experience of the care provided. We spoke with

three members of staff including the nominated individual, registered manager and a support worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and care notes. We looked at two staff files in relation to recruitment and staff supervision. 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 additional policies 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.

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to recruit staff safely. This was a breach of regulation 19 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager was aware of the reasons for gaps in people's employment highlighted at the last inspection. Following this inspection the registered manager confirmed they would formally update people's records to reflect this.
- The provider and the registered manager had developed their understanding around safe recruitment. There was a robust recruitment policy in place to support recruitment at the service.
- Since the last inspection no new members of staff had been recruited.

Assessing risk, safety monitoring and management, systems and processes to safeguard people from the risk of abuse

- Risk assessments were completed appropriately by the registered manager. Risk assessments were updated when people's needs changed.
- Environmental risk assessments were completed and clearly detailed any risks associated with people's own homes.

Preventing and controlling infection

- Staff were aware of the personal protective equipment (PPE) requirements.
- There was an infection prevention and control policy in place.
- The manager and provider had completed COVID-19 satisfaction surveys with people using the service and staff. This assessed people's experiences of staff during the pandemic and staff's confidence around working during the COVID-19 pandemic.

Using medicines safely

- The service had a medication policy in place and medication administration records in preparation for supporting people with their medication.

- Risk assessments were completed to check people remained safe when administering their own medication. At the time of the inspection the service was not supporting anyone with the administration of medication.

Learning lessons when things go wrong

- There had been no incidents recorded at the service.
- The provider had a system in place to monitor incidents if they occurred.
- Staff were aware of how to report incidents.

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.

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Staff assessed people's needs. People's preferences were included within their care plans.
- The provider had recently introduced what a good day looks like and what a bad day looks like for people using this service.

Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- Staff had received appropriate training to support people using the service. Staff liaised with other health care professionals and received specific training to support people following a change in equipment at their home.
- Staff received training in food hygiene to support people with their food preparation. People told us staff would cook suitable meals they liked.

Supporting people to live healthier lives, access healthcare services and support, staff working with other agencies to provide consistent, effective, timely care

- Staff had worked closely with occupational therapists to support a person to return home safely.
- Staff prompted people to contact other health care professionals when they needed and were offered support to do this.

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.

- Consent documents were recorded in people's care plans. One care plan had been signed by a relative as

the person was physically unable to sign the document. This reason was not recorded in the document.

- Following the inspection the nominated individual shared an updated document where this reason had been recorded. The registered manager provided assurances that this would be implemented for any new people using the service.

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 the last comprehensive inspection this key question was rated as inadequate. At the targeted inspection improvements had been made. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led

At the last inspection the provider had not implemented systems to evidence clear oversight of the service and records were not always accurately completed and maintained. This was a breach of Regulation 17 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- At the last inspection the staff handbook was not up to date as the template had not been personalised to Northstar Home Care. On the day of the inspection the handbook was not able to be provided due to technical difficulties. Following the inspection the provider shared an updated handbook which referred to Northstar Home Care throughout.

- The provider completed regular audits of care notes, staff files, care files and training.
- The service had recently moved the location of their office. Confidential information was stored securely at the new address.

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

- People felt well supported by staff, one person told us, 'They (the service) are brilliant and I wouldn't be without them.'
- The registered manager and nominated individual kept in regular contact with staff. Staff told us they felt able to raise concerns with both the registered manager and nominated individual.

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

- People regularly engaged with the registered manager or the provider. People were asked for their views on the service. One person told us, "They always ask how I am doing and if I am satisfied."
- The provider had implemented a COVID-19 satisfaction survey for both staff and people using the service. This helped the service monitor how staff and people were feeling during the pandemic.

Continuous learning and improving care

- Following the last inspection the service changed the monitoring system they were using. The nominated individual showed how this system was more personalised and supported improved oversight of the service.
- Additional risk assessments had been implemented by the provider since the last inspection. The registered manager and the nominated individual had introduced new documentation that focussed on staff monitoring pressure areas and skin integrity.

Working in partnership with others

- The registered manager had worked effectively with the local authority to support people in their homes.