

David Leslie Smith

# North Hill Homecare

## Inspection report

North Hill House  
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St Austell  
Cornwall  
PL25 4BJ

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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

North Hill Homecare provides personal care and support to approximately eighty people in and around St Austell, Mevagissey and the 'Clays'. At the time of our inspection a team of forty four staff were operating from the main office in St Austell.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the 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.

Recruitment checks had not been completed for all staff before they began working at the service. In one instance a Disclosure and Barring Check (DBS) had not been requested until after the staff member had begun work with the agency. However, further records showed this was an isolated incident and there was evidence the staff member was not working alone but with a more senior staff member.

We have made a recommendation about the management of recruitment practice.

The service had a three month probation period which included one day office induction, spot checks and supervision reviews. However, the induction day did not always occur at the beginning of a person's employment. This meant staff may not have the necessary information regarding policies, procedures, and safeguarding information at the beginning of their employment with the agency. We discussed this with the registered manager who recognised the need for induction to be an initial first step and agreed to act upon this with immediate effect.

People told us they felt safe and were well cared for by North Hill Homecare. Their comments included; "Very happy. Lovely girls", "They chat and make me feel comfortable", "They (staff) always make sure the door is locked when they leave and that makes me feel very safe." A family member was positive about the support their relative received. They said, "They make sure all the equipment is there."

The registered manager was confident about the action to take if they had any safeguarding concerns and had liaised with the safeguarding teams as appropriate. Staff told us they had attended both classroom training and e-learning (computer based training) to learn what action to take should staff witness or suspect abusive practice.

Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

Visit schedules included appropriate amounts of travel time for staff between visits. Call monitoring data and daily care records showed that staff normally arrived on time and provided visits of the planned

duration. People said, "They stay as long as they have to" and "On the odd occasion they have been delayed the office give me a ring and let me know."

People told us they thought the staff knew their needs and how to meet them. Training records showed staff had been provided with all the necessary training which had been refreshed regularly. A staff member told us, "I have good access to all the training I need. We also have specialist training when people need certain equipment or specialist feeding."

Suitable medicine procedures were in place should the service be required to administer medicines. Staff told us they had received training which gave them confidence to support people with medicines safely. Auditing of medicine records meant errors were identified and acted upon quickly.

The management team had systems in place to regularly measure the service's performance and look at ways of developing the quality of service they provided. There were processes in place to seek people's views on the service and monitor the quality of the service. Information from customer surveys and the actions the provider took were shared openly and honestly with people.

## 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 mainly safe. Recruitment procedures were completed prior to staff commencing work. However there had been one lapse and the registered manager had taken immediate action to address the issue.

Staff understood how people should be safeguarded and were confident about reporting any concerns.

Risk management procedures were designed to protect both people and their staff from harm.

### Is the service effective?

Good ●

The service was effective. Staff had access to regular training events and there were procedures in place for the induction training of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

The service's visit schedules included appropriate travel time between care visits and records demonstrated care staff normally arrived on time.

### Is the service caring?

Good ●

The service was caring. Staff were kind, compassionate and understood people's individual care needs.

People and their families were involved in their care and were asked about their preferences and choices.

Staff supported and encouraged people to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed, personalised and provided staff with clear guidance on how to meet individual needs.

Staff were respectful of people's rights and privacy.

People and their relatives told us they knew how to complain and would be happy to speak with managers if they had any concerns.

### **Is the service well-led?**

The service was well led. Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Systems were in place to monitor how the service operated.

People told us they felt listened to and the service responded to their views.

**Good** ●

# North Hill Homecare

## 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 20 & 21 September 2016. The service received short notice in advance of the inspection. This was in accordance with our current methodology for inspecting domiciliary care services.

The inspection was carried out by one inspector and an 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.

Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with twenty people who used the service, five relatives, four members of care staff, the registered manager and the provider. During the inspection visit we visited two people who received a service from the agency. We received comments from two professionals associated with the service. We also inspected a range of records. These included three care plans, three staff files, three recruitment records, training records, surveys, meeting minutes and the services policies and procedures.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe while they or their relatives were receiving care and support from North Hill Homecare. People's comments included; "No quibbles, they (staff) are very kind and helpful to me" and "Absolutely", "Yes I do" and "Yes, everything is fine." People's relatives told us, "Yes, they sort of babysit and "Yes, absolutely."

Recruitment files showed one recently employed staff member began working for the agency prior to a Disclosure and Barring Check (DBS) being received. This meant they had commenced work without all the necessary checks in place to ensure they were safe to work with vulnerable people. The registered manager told us staff did not work alone until a suitable check had been received. They showed us evidence of a staff member working with another more experienced staff member. Two other records showed staff had only commenced work after all checks had been carried out. The registered manager told us the recent issues had occurred whilst they were on leave. However, they acknowledged it was not safe practice and had made immediate changes to ensure it did not occur again.

We recommend the service considers current guidance on safe recruitment procedures and updates their practice accordingly.

Other recruitment records were in place including references and health questionnaires.

People's care plans included risk assessment documentation. These assessments had been completed as part of the care assessment process and provided staff with guidance on how to protect both the person and themselves from risk. Risk relating to the environment, were also addressed to ensure staff working in people's own homes were safe. The assessments had been regularly reviewed and updated to reflect any changes to identified risks as part of the care plan review process. For example the service had worked closely with health professionals to ensure the necessary equipment was available in the home at the point of hospital discharge, to ensure the person and staff were safe.

Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident records. All accidents and incidents had been fully investigated and evaluated. This meant that where necessary, information was updated to reduce the likelihood of a similar incident reoccurring.

The registered manager and finance manager were responsible for weekly rosters. They identified the person requiring support, the day and time and which staff were working with them. A team of senior staff were responsible for making sure rosters were accurate and covering any gaps with additional staff or themselves. Staff told us, "The rotas work well on the whole" and "If there is a problem we usually have a pool of staff we can call on. I have been out this morning because there was a gap."

People told us they knew there were staff available to speak with seven days a week. Senior staff were available each day and the on call system operated outside normal office hours. People told us they had the

phone numbers available to them and felt safe knowing there was someone to speak with should they need to. One person said, "I have made a few calls from time to time. I feel safe knowing there is someone at the end of the phone if I need them."

Staff fully understood their role in protecting people from avoidable harm. All staff had received training on the safeguarding of adults and children as they may support people with children living in the house. Staff could explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. Staff understood the role of the local authority in the safeguarding of vulnerable adults and contact details were in the written literature at people's homes.

Staff had received training on how to support people to manage their medicines. The service recognised people should be supported to be as independent as possible. In that respect, staff generally supported people with medicines by prompting or reminding people to take their medicines. People confirmed that staff supported them to do this. When spot checks took place the registered manager took time to oversee a staff member's competency in medicine management where applicable.

## Is the service effective?

### Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included: "Very happy with what they (staff) do" and, "They (staff) know me very well and what I like and don't like."

The service had a three month probation period for new staff. This included, shadowing a more senior member of staff as well as receiving a number of 'spot checks' and supervision sessions to ensure the staff member was progressing to a suitable standard. New employees were required to attend an induction day in order to familiarise themselves with the service's policies and procedures and undertake some training. However, the induction day did not always occur at the beginning of a person's employment. This meant staff may not have the necessary information regarding policies, procedures, and safeguarding information at the beginning of their employment with the agency. We discussed this with the registered manager who recognised the need for induction to be an initial first step and agreed to act upon this with immediate effect.

North Hill Homecare incorporated the Care Certificate into the staff induction process. However, the service was now enrolling all staff on National Diploma Training as they felt this was more appropriate for their learning needs. Records showed staff had completed a range of national diploma training while some had undertaken the care certificate standards. A staff member told us, "I did the care certificate and I have enrolled for the Diploma. It has helped me in my role to understand care practices."

Training records showed staff received appropriate training in subjects including, safeguarding adults and children, moving and handling, infection control and health and safety. Where people they supported required specialist clinical input staff had received training from a health professional. A staff member told us, "We have just had training to support (Person's name) with specialist feeding." The service had a system to identify when staff training required updating. Staff said they were encouraged to attend further training to strengthen their skills and knowledge.

Staff were supported in their roles by receiving regular supervisions. In addition 'spot checks' by the registered manager or senior staff were used to confirm each member of staff was providing appropriate standards of care and support. Two staff members told us, "It is a good system and it makes sure we (staff) are doing what we should be doing" and "It keeps us on our toes but it also helps make sure we are doing things properly."

People told us care plans had been developed with them or a family member which demonstrated that they were in agreement with how care staff would provide their support. However they were not always signing to evidence they were in agreement with their plan of care. We spoke with the registered manager about this who agreed to address the issue immediately. People told us that staff always asked for permission before providing care or support. People's comments in relation to consent included; "They always ask for my consent", "Yes, and write everything in a book" and "Yes, they always ask."

People's care plans included guidance for staff on the support each person needed in relation to food and drinks. For example that people should be given choices by asking them what they would like to eat and drink. Daily care records included details of how staff had supported each person to ensure they were able to access adequate quantities of food and drinks.

Some people told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. One person said, "(Staff name) always asks what I would like for breakfast. I usually have the same but it's always nice to be asked."

Records showed North Hill Homecare worked effectively with other health and social care services to ensure people's care needs were met. For example, the service was involved in a project with health commissioners in making the transition from nursing care, to home care a planned and organised process, so that the person had the facilities and support tailored to their needs. The management team had a good knowledge of people's health needs and where necessary, contacted professionals to check and confirm that guidance provided was correct. For example to check that the right equipment was in place at a person's home.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of this act and what this meant on a day to day basis when seeking people's consent to their care.

## Is the service caring?

### Our findings

People were generally positive about the staff that supported them and said they were treated with consideration and respect. Everyone we spoke with complimented North Hill Homecare staff on the caring and compassionate manner in which they provided support. People told us, "All I can say is they are a wonderful bunch. Very caring and patient" and "I have never met such a bunch of caring staff. They (staff) are very patient and caring." People said care staff respected their decisions and choices during care visits and told us; "They (staff) are angels", "Very kind and polite." Relatives also reported that people's choices were always respected.

Records at the main office showed the care and support people received matched what was written in their care plan. These were seen during the two home visits we carried out, so staff were able to look at them to ensure the right care and support was delivered. Care plans instructed staff to ask people how they would like specific aspects of the care and support to be provided. For example, choice of meals.

Daily care records and call monitoring information showed people normally received care from consistent small groups of staff. Staff said, "We have the same route and there is little change so we get to know people well and it's important they get to know who is coming into their homes." A person using the service told us, "They (staff) have been coming for a long time. We know each other well and what works and what doesn't."

Records showed people's care plans were reviewed and updated on a regular basis and when their needs changed. Comments from people using the service and their relatives included, "We have a chat about how things are going" and "Before I came home from Hospital they (staff) got together to make sure I had all the care I needed when I came home. It is working well, don't know what I would do without them (staff)."

Staff understood the importance of making sure a person's privacy and dignity was upheld. A staff member told us, "We (staff) go in pairs but always make sure they (the person) are safe but have privacy when we provide personal care. It's what I would expect and so always make sure doors and curtains are closed."

Staff and managers knew people well and demonstrated during their conversations with us a detailed understanding of both people's care needs and individual preferences. Staff told us they enjoyed their role especially because they went to the same people and they were able to provide continuity of care. Staff comments included; "I love this job. You get a lot of satisfaction from helping the same people in their own homes" and "It's the whole package really. I like the caring role and the fact I am usually going to the same people."

People's preferences in relation to the gender of their care workers were respected during the visit scheduling process. The service took time to acknowledge and respect people's religious needs and cultural needs. For example, one person whose first language was not English had invoices and notes sent in their own language. Another person was matched with a carer who was of the same religion. This meant the service took account of diversity and respected it.

## Is the service responsive?

### Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff said, "Things do change and it's good that we are kept up to date so we can make the changes when we need to." and "Because we tend to go to the same people we get to know them well and know what they like and don't like." One person using the service told us, "If anything needs changing the manager and staff always accommodate me."

Before people started using the service the registered manager visited them to assess their needs and discuss how they could be met while taking into account their wishes and expectations. From these assessments care plans were developed, with the person and/or their advocate, to record how they would like their care and support to be provided. In addition the service worked with other health and social care professionals to help get the right equipment or support to meet people's needs. One person said, "They (staff) went over and above to make sure I had everything I needed before I had any visits."

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. For example, a health professional told us they had worked closely with the service, to ensure there was appropriate support to meet a person's specific needs.

Care records were informative and identified how staff supported people with their daily routines and personal care needs. Care plans were regularly reviewed to respond to any changes in care.

People told us they found the service was flexible and responsive in changing the times of their visits when required. For example, where appointments had been arranged and conflicted with home visit times. The rotas were planned in advance but reviewed daily and therefore the service was able to be responsive to meet changes when necessary.

Staff told us it was important to make sure they completed care records following each visit. Those we viewed in two of the homes we visited were up to date and accurately reflected the care that had been provided. Systems were in place to help ensure staff had access to the most up to date information about the people they supported. If anything of note occurred there were good communication systems in place to contact the registered manager or office staff by phone. A staff member said, "I know the importance of making sure I write down what I have done on each visit, especially if there has been something important to report for the next carer. If there is something urgent I always report it to the office." Daily care records were regularly returned to the service's offices and appropriately audited.

Details of the service's complaints processes were included within the written literature at people's homes. People told us they understood how to report any concerns or complaints about the service. Records showed that complaints had been fully investigated and appropriate action had been taken to resolve the issues. North Hill Homecare also regularly received compliments and thank you cards from people who used the service and their relatives. They all reflected the appreciation of relatives and families for the care

and support delivered.

## Is the service well-led?

### Our findings

People using the service told us they thought North Hill Homecare was well run and their comments included, "No complaints whatsoever" and, "They are very, very good." A relative said, "Works perfectly well for us and our needs." The registered manager was aware of the need to make sure people were listened to and actions taken where necessary to provide confidence in the service they received. For example where a person had raised issues about the service they received, they had been responded to by the registered manager visiting them in their own home, to talk through issues and take action where it had been necessary.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported by the provider to effectively carry out day to day operational oversight of the service. In addition the management team regularly reviewed the agencies operational systems to ensure they could respond to the client group they served and to ensure people using the service and working for the service were safe. A comment we received said, "They all seem to know what they are doing and when I have called the office about anything it gets picked up and sorted out straight away."

There were systems in place to gain the views of people using the service. The most recent survey from June 2016 asked people using the service their views on staff supporting them. It also included asking people if they felt their privacy and dignity was respected and did they feel safe. The results were very positive and showed most people found the service they received was very good or good. In addition to the formal surveys, regular home visits by senior staff checked on people's support and well-being. A staff member said, "We regularly make calls and really listen to what is being said. Its important clients feel listened to and confident we will take action when we need to improve things."

Staff told us they felt well supported by the registered manager and senior staff. A staff member told us, "The managers are only a call away and we go in the office regularly so get updates." A recent staff survey showed most staff were 'very' satisfied working for the service. The survey showed staff were happy with the range of training and access to it.

In addition to managers who supported the operational side of the service, there were staff responsible for training, administration and policy reviews. These staff told us they worked as a team and recognised each other's strengths. There was an external training company to provide mandatory and bespoke training for their staff. This meant they were able to keep up to date on developments in the care sector.

The auditing process provided opportunities to measure the performance of the service. There were systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included audits of accidents and incidents, medicines and care records. Policies and procedures had been reviewed and changes made where necessary in line with changes to legislation.

