Netherclay Home Care Limited

Netherclay Home Care

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Netherclay Home Care is a Home Care Agency that provides personal care to people living in the Taunton area. At the time of this inspection, they were providing personal care for 135 people. They also provided a domestic service to people in their own homes.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Good

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

People told us they felt safe. Staff understood how to recognise and report signs of abuse or mistreatment. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. The provider carried out risk assessments to identify any risks to people using the service and to the staff supporting them. There was a lone working policy, which staff knew about. Safe recruitment processes were completed.

The provider had recognised the need to recruit sufficient numbers of staff to keep people safe. There was a stable staff team, which provided people with continuity of care. The rota recorded details of people's visit times and which staff would provide the visit. The registered manager or senior staff were on call outside of office hours and had access to the rota, telephone numbers of people using the service and staff with them.

Staff supported people safely with their medicines if required. Staff followed good infection control practice. Staff knew the reporting process for any accidents or incidents. Records showed that the provider had taken appropriate action where necessary, and made changes to reduce the risk of a re-occurrence of an incident. The service had suitable processes to assess people's needs and choices, the care lead went out to assess people prior to a package of care commencing to check the service could meet the person's needs.

Staff had appropriate skills, knowledge, and experience to deliver effective care and support. All new staff completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to working in the care sector. Records showed staff received comprehensive training, which enabled them to carry out their roles effectively. Staff received regular support and an annual appraisal from the registered manager and team leaders. Staff completed food hygiene training, they knew about good practice when it came to nutrition and hydration.

Staff asked people for their consent before delivering care or support and they respected people's choice to refuse care. Care records showed that people signed a contract of care where they gave their consent to the care and support provided. All the people we spoke with said they had been included from the beginning in planning their care.

The provider was responsive to people's needs. Staff supported people, and involved them, (as far as they were able), to draw up and agree their own support plan. All the relatives we spoke with said they had good communication with most staff at every level and were involved in their relative's care.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The service worked with health and social care professionals to ensure each person received a support package tailored to meet their individual needs. We spoke with professionals, who told us they could contact the provider by phone or email and they got a response straight away.

The provider sought people's feedback and took action to address issues raised. There was a system in place to manage and investigate any complaints. People had information about how to make a complaint in their care records and in their home. The provider recorded incidents and accidents for patterns of behaviour. They used this information to consider any changes in a person's support needs and how staff could meet those needs.

There was a management structure in the service, which provided clear lines of responsibility and accountability. Staff were valued by the provider and their contributions were appreciated and celebrated.

There were effective quality assurance arrangements at the service in order to raise standards and drive improvements. The service's approach to quality assurance included completion of an annual survey. There were some links with the community. Health and social care professionals told us the agency was well managed. The provider had ensured they complied with all relevant legal requirements, including registration and safety obligations, and the submission of notifications

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Netherclay Home Care

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.'

This comprehensive inspection took place on 03 and 04 April 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange for people receiving the service to be contacted in their own homes.

One adult social care inspector and two expert by experience carried out the inspection. 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, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the last PIR and looked at other information we held about the service. At our last inspection of the service in December 2015, we did not identify any concerns with the care provided to people.

During our inspection, we spoke with the Director, registered manager, training manager, quality assurance consultant, care lead, three co-ordinators, the HR manager and four care workers. We looked at the care records and spoke with 22 people who received personal care and spoke with nine members of their family who were closely involved in their care and support. After the inspection, we contacted two health and social care professionals to seek their views on the service.

We also looked at records relevant to the management of the service. This included staff recruitment files, training records, medicine records, complaint and incident reports and performance monitoring reports.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included, "Yes, I am happy to see them; I trust them in the house." "Yes I do, very safe, I am quite independent and my balance is bad and I feel safe with the girls." "Yes, the professionalism of their handling and their care their confidence." A relative said, "Yes, I feel safe, I don't feel unsafe, they are alright in handling (person's name)."

Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. One staff member said, "We constantly check people are safe and would report it straight away of we thought they weren't."

The registered manager understood their responsibilities to raise concerns and record safety incidents and report these internally and externally as necessary. Staff told us if they had concerns, management would listen and take suitable action. If the registered manager had concerns about people's welfare, they liaised with external professionals. We reviewed safeguarding referrals the provider had submitted to the local authority.

The provider carried out risk assessments to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person, such as falls, moving and handling, letting staff in the home and risks when people are on their own.

Some people had times when they could become unsettled or distressed. There was guidance in people's records on what action staff should take to support them at such times. For example, staff should allow people to wake up in their own time, not to rush people when offering personal care.

There were systems in place to safeguard and protect staff. There was a lone working policy, which staff knew about and staff said they could contact the registered manager at any time and they would respond. One staff member said, "There is always someone in the office we can speak to." The registered manager and senior staff were on call outside of office hours.

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. The provider obtained previous employment or character references together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. This DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults.

The provider was having some difficulty recruiting sufficient staff. The number of people using the service and their needs determined staffing levels. The provider currently employed 93 staff members and had six vacancies. The provider had stopped taking on additional care packages until they had filled those vacancies, and staff told us they worked additional hours, this meant people using the service did not have

their care and support compromised.

The provider produced a staff rota in advance. The rota recorded details of people's visit times and which staff would provide the visit. People we spoke with said staff sent this to them each week but it always changed. One person said, "They send a rota each week which doesn't mean much as it changes every day." Another person said, "They send a letter from time, they send a weekly rota and they don't stick to it." We discussed this with the provider, they told us this had been recognised which was why they had stopped taking on additional care packages until they filled the staff vacancy to help resolve it.

The provider recorded two missed visits in January 2018; this was due to staff sickness, which the provider could not cover at short notice.

The arrangements for the prompting and administration of medicines were robust. Support plans clearly stated what medicines the persons GP had prescribed and the level of support people would need to take them. Senior staff carried out regular audits. All staff had received training in the administration of medicines, which the provider regularly refreshed. The service had a medicines policy which was accessible to staff. One relative said, "They do her medication, they never forget and they check her medication chart and they record what was given to her and at what time."

Staff followed good infection control practices that protected people. The provider provided staff with personal protective equipment such as gloves and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection. One person said, "They always have their gloves on and swap them' 'The hygiene is very good."

Staff knew the reporting process for any accidents or incidents. Records showed that the provider had taken appropriate action where necessary, and made changes to reduce the risk of a re-occurrence of the incident. However, where incidents had occurred, the provider had not shared lessons learned with staff. Some staff said, "We would appreciate better feedback when things happen." Other staff said, "we are not involved in anything like that."

Good

Is the service effective?

Our findings

The provider had suitable processes to assess people's needs and choices. Before they started using the service, the care lead went out to assess people to check the service could meet the person's needs. Copies of pre admission assessments on people's files were comprehensive. Assessments assisted staff to develop care plans for the person and deliver care in line with current legislation, standards, and guidance.

Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. For example, One person told us, "I want the doors open, they listen to my choices' 'They ask 'is this what you like', but not in a condescending way."

Staff had appropriate skills, knowledge, and experience to deliver effective care and support. Most people said they felt most staff knew their needs well. One relative told us, "Yes very good. We always ask (person's name) if he's happy' 'I've seen them interact and deal with him' 'If (person's name) weren't happy they would say." One person told us "I do much more now than perhaps a year ago." Other comments included, "Oh yes absolutely, they are very good. Some better than others." In addition, "Over the initial visit if a new lass comes they don't know until I tell her. Once they have done me and written down, they are aware. The regulars know exactly".

Staff completed an induction when they commenced employment, which included shadowing experienced members of staff. Shadowing continued until the person and the service felt confident that they were comfortable and competent to carry out their role. All new staff completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to working in the care sector.

The provider employed a trainer full time to deliver comprehensive training, which enabled staff to carry out their roles effectively. There was a system in place to remind staff when their mandatory training was due. Staff also received training, which was relevant to the individual needs of the people they supported. For example, all staff had received training in Dementia and food and nutrition.

The provider did not carry out supervision in line with their supervision policy. This stated all staff should receive formal supervision at least four times a year. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. Records demonstrated the provider carried out supervision with staff that were contracted to work 40 hours a weeks and senior staff but not other staff delivering care and support. We discussed this with the registered manager who showed us a plan to improve on this.

Staff we spoke with told us they felt supported in their roles by colleagues and senior staff. For example, all staff we spoke with told us they could contact the registered manager for support any time. One staff member said, "if we do anything wrong the office staff call us in for a chat." Staff did receive annual appraisals to monitor their development.

Some people required support at mealtimes to access food and drink of their choice. Staff completed food hygiene training and evidenced they knew about good practices when it came to food. One relative told us, "They do his breakfast nicely." People we spoke with said, "They always ask have I got enough' 'They always leave a drink." In addition, "They always ask if I want a coffee or a tea."

The provider worked with other organisations to deliver effective care, support, and treatment. For example, staff had supported people to access services from a variety of healthcare professionals including GPs, dieticians, dentists and district nurses. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. One health and social care professional told us, "They are approachable, they were always ready and willing to take care packages, last year concentrated on private care due to change in contracts but we get very few quality feedback on them, they are not a provider I would have any worries about placing someone with."

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 and staff had received training on the Mental Capacity Act 2005 (MCA). There was a policy which was accessible to staff. Staff we spoke with knew how the act applied to their role. Some people who used the service lacked capacity to manage their finances and we saw that appointees had been set up for these people. Staff knew what this meant for the people they supported. Staff had attended best interest meetings where professionals and family members made decisions on behalf of people who lacked capacity.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for people living in supported living situations or in their own homes can only be authorised through the Court of Protection. These applications are completed and submitted to the court by the local authority. At the time of the inspection, no one receiving personal care from the service currently required this level of protection.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. Care records showed that people signed a contract of care where they gave their consent to the care and support provided. In addition, People we spoke with confirmed this. For example, One relative said, "They say 'Now (person's name) we're going to do this and that, is it alright?' I hear them chatting through it' Example: 'Do you want your church service on this morning and they find the radio station for it'. People we spoke with told us, "They say 'what do you want' 'They do my feet and legs and say 'can I kneel down and do them." in addition, "They always ask what I want and is there anything else they can do."

Staff supported people to see health care professionals according to their individual needs when appropriate. Most people said they received support from their relatives to attend appointments. One relative told us, "They tell me if there is anything, they say, (person's name) is complaining of their knees or their feet, if they are in pain they tell me' 'once they couldn't get a response, they tell me straight away, they are very good." One person using the service said, "Yes because on two instances I was not very well. The girl came in fully aware I wasn't well and rang the doctor and he called me back." In addition, another person told us, "This happened with me and (carer's name) stayed with me. I had a fractured femur' 'Another time I

was in pain (carer's name) told the manager who said call the paramedics, they got me to hospital and I had cracked ribs."

Good

Is the service caring?

Our findings

Staff always treated people with kindness. This is reflected in the feedback from people who use the service, comments from relatives included, "Some are quite sweet, they put an arm around her or hold her hand, say 'Come on (person's name) if she's tearful' 'They're kind, they tell me if she's distressed." "It's the way they talk to him. He has limited speech, they take time to listen to him and understand what he is saying to them." "They laugh and joke with him. They try to make the situation as nice as possible and with respect." In addition comments from people included, "I've created relationships, you have to stay on a professional basis that's only fair to them' 'I think everything's great." "Yes, I haven't met any unkindness with any of them."

People were respected and valued as individuals and were empowered as partners in their care. Feedback on the service was positive. Everybody we spoke with told us the service was caring. One relative said, "Generally quite compassionate, when mum is feeling unsafe with mobility, they put a hand on her back, say 'come on your fine, safe with me, I won't let anything happen'. They are encouraging."

We observed staff being kind, compassionate, and caring. Staff we spoke with demonstrated enthusiasm about their role. Comments from staff included, "My shifts are set that helps me build relationships. " "I love working with the people, that's why I do what I do." I always do what the person wants me to do, I'm there for them."

Staff maintained people's privacy and dignity. Comments included," My bathroom is very small and we leave the door open, they stand just in the hall outside. I say I'm safe and sound' and they go off and do other things while leaving the doors open and do the same when I get out' 'They know I like to be private if I can' 'Quietly they know what I'm doing."

Staff listened to people and respected their choices. All the people we spoke with said they had been included from the beginning in every aspect of planning their care.

Staff practice was consistent with the Equality Act 2010. Staff sought accessible ways to communicate with people and to reduce barriers when their protected characteristics made this necessary. For example, staff told us how they supported one person to use simple communication signs through use of touch and facial expressions to communicate how they were feeling. A relative said, "He's limited speech. The do not rush him, they sit and listen to him and help him." One person said, "It varies a little bit, some are more communicative than others, I get on well with all of them."

We reviewed the compliments received from people using the service and their relatives since the beginning of 2017. The provider had received 57 records of positive feedback through thank you cards or by email; they included the following comments, "we are happy with carers, but these two stand out." Daughter rang to say, "how pleased she was to see such fantastic and attentive levels of care for her father." Daughter phoned to say, "Netherclay were a real support to the family who cared for their mother well." And one comment was," best company, wouldn't know what they'd do without them, very grateful."

Staff knew about confidentiality and told us they did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

People told us they were fully involved in planning their care. Comments from relatives included, "Usually led by me, what I think is needed. They ask have things got worse, is there anything we need to change." "Mum is involved in all of it." Comments from people included, "There is an annual review. I've had a couple of those." "Yes I am, they ring me up and say a review is due. I've got a care plan'. "Yes I think so."

We reviewed eight care plans. Staff completed them in detail, and most of them had been clearly set out. They provided a wide range of information about the person that included their preferred daily routines, likes, dislikes, physical needs and details of people and things that were important to them. Care plans recorded people's preferences. This meant people felt they could maintain some control over the staff that supported them. For example, One person said, "I can ask for a male or female carer, whatever I prefer." A relative told us, "I said I didn't want a male carer and we haven't had any."

The records showed staff had carried out the care and support in line with the person's care plans. For example, one care plan said, the person was, at risk of skin tears. The care plan was clear about staff not wearing watches during their visits. The daily records showed staff removed their watches when delivering personal care.

The provider told us they sent regular communication emails to staff mobiles when people's needs had changed or when a coordinator had made a change to support staff. Staff confirmed they were informed and usually felt well prepared ahead of visits. However, some staff said the mobiles do not always update in time and this had led to missed calls. We discussed this with the provider who told us coordinators used to phone staff as well and they would re-introduce this to help reduce the risk of staff not being fully up to date in a timely manner.

We spoke with two professionals, who told us, "The provider was always willing to take a care package and responded quickly. " and, "A recent care review was very good, carer knew the person well and was creative about changing their care package."

The provider sought people's feedback and took action to address any issues raised.There had been 42 complaints since March 2017. These were mainly about times staff arrived for visits. The registered manager had addressed this through a reduction in care packages and focusing on staff recruitment. There was a system in place to manage and investigate any complaints. The provider underpinned this with a policy and procedure, which staff knew

People had information about how to make a complaint. People we spoke with were aware of this and told us they were confident the provider would deal with any complaint to their satisfaction. Relatives told us, "I just ring up' 'There may be one in the folder, I just had a meeting, made changes it was fine." "We are on good terms with the guys in the office' 'I think we have quite a while ago." "I'd phone the office' 'It's in the care book, it's very comprehensive." In addition, people told us, "Yes I do, I have seen it and I have been told' 'No complaints to make." "Just phone them up." "No I don't think so. If I had any complaints I would ring

and tell them." "I did complain once they sent someone at a quarter to two, I said that was nearly tea time."

The provider recorded incidents and accidents for patterns of behaviour. They used the information to consider any changes in a person's support needs and to plan how staff could meet those needs. They kept all relevant people such as relatives and health and social care professionals informed of incidents and accidents and sought advice on any further actions necessary. However, some staff told us they did not receive any feedback from incidents, which meant they were not always kept up to date with changes made to peoples care and support.

At the time of the inspection, no one was receiving end of life care. Staff where aware to liaise with the person's GP and the district nurse team in the event someone did require end of life care.

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Most people we spoke with said staff respected them as individuals with their own lifestyles and preferences. One person rang in to the office at the time of the inspection to cancel two days care staff responded with respect and rebooked for when they wanted it again. A relative told us, "They always make sure he's happy with what they're doing, If he doesn't want a shower they don't push him." Another person said, "I asked them to change the times of my visits and they sorted it out for me." The registered manager confirmed they would try their best to be flexible and meet people's needs.

Good

Is the service well-led?

Our findings

The provider had a clear vision to deliver high-quality care and support that promoted a positive culture. Care and support was person-centred, open, inclusive and empowering and achieved good outcomes for people

Most of the feedback we received throughout the inspection was positive. Most people and their relatives told us they were satisfied with the care and support they received. Not everyone was aware of who the manager was. One person said, "Not exactly aware of the manager. I'm quite happy speaking with the office. The senior one from the office came the other day I got on with her' 'They are very helpful, they accept if someone is an hour late it's not acceptable." A relative told us, 'I've spoken to the office people, I'm sure if I had a problem they would put me through to the manageress."

Staff told us the registered manager was a good leader. A registered manager is a person who has registered with the Care Quality Commission 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.

There was a management structure in the service, which provided clear lines of responsibility and accountability. The service had two directors, one of which visited the service regularly. Staff told us they could approach the director and he would always acknowledge them. The directors made any decisions about the development of the service collectively with the registered manager.

A deputy manager, and senior carers who were field and office based, supported the registered manager. There was also a team of coordinators and administrators based in office. There was a positive culture in the service, the management team provided good leadership and led by example. There was a culture of support and cohesiveness amongst managers and staff. There were monthly manager's meetings to discuss the business; however, care staff told us they did not have staff meetings. We discussed this with the manager who assured us they had identified this as a shortfall and planned to re start regular staff meetings from May 2018. This would ensure communication improved across the whole team.

The provider valued staff and appreciated their contributions. They had a range of incentives for staff. For example, people sent in sweets and chocolates at Christmas time, the manager said its only right the care staff should get these as they work with the people so we package them into hampers and raffle them to care staff.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care.

Where staff had identified shortfalls in practice the provider took action to improve the service. For example, audits had highlighted the need to reduce late visits. The provider invested in technology to monitor staff whereabouts, which meant they could identify if a staff member was going to be late and contact the person

to let them know.

People knew how to feedback to the provider about the service. One person said, "We had a notice about a meeting about a month ago. I did go, they sent a car for me, there were only two people turned up." A relative said, "we get questionnaires regularly." The provider acts on that feedback, comments included, "I found a male carer objectionable and didn't get on with him at all. As soon as I got onto the office, they were very helpful and understanding and I never had him again."

People told us the provider communicated with them well, for example, one relative said, I tell the girls and the girls tell me instantly and it is reported into the office. Communication is pretty good really'. 'In the snow they had 4x4's. As soon as the snow was appropriate the 4x4 guy was put into place and took the girls around'. In addition one person said, "Yes its very good', 'Except they send a print out every Saturday and sometimes the carers have something quite different and the office has something different again. I'm sure they are trying to do their best'. 'I don't know why they can't follow up and tell you the changes' 'I'm very pleased with the service overall."

The provider had ensured they complied with all relevant legal requirements, including registration and safety obligations and the submission of notifications. They displayed the previous Good rating issued by CQC in the front reception area.