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North Hill Homecare

Inspection report

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Date of inspection visit:
17 December 2018
19 December 2018

Date of publication:
18 January 2019

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

We inspected this service on 17 and 18 December 2018. The inspection was unannounced. At the last inspection, in September 2016, the service was rated 'Good.' At this inspection we have rated the service as 'Good.'

North Hill Homecare, provides people with personal care in their own homes. At the time of the inspection the service provided support for approximately 130 people for people in the St Austell area. The service works primarily with elderly people.

The service had a registered manager. 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.

The service had satisfactory safeguarding policies and procedures to keep people safe. Staff were trained to recognise abuse, and knew what to do if they suspected abuse was occurring. Suitable risk assessment procedures were in place, and risk assessments were regularly reviewed. Where appropriate management and staff had submitted safeguarding referrals to the local authority.

Recruitment checks for new staff were satisfactory. For example, the registered provider obtained a Disclosure and Barring Service check and written reference check when the member of staff was recruited. When staff started to work at the agency they were required to complete a staff induction programme, which included relevant training which assisted the member of staff to carry out their job. The registered provider had a suitable system of staff supervision and annual appraisal.

Medicines procedures were safe, and we saw evidence that supported this, including administration records and systems to support people with medicines. Staff were trained in procedures to minimise the risk of infection. People and their relatives said staff were always well presented in their individual roles.. Staff said they were provided with disposable gloves and aprons to support them in their roles.

There were satisfactory procedures to assess people to check they were suitable to receive support from the service. Subsequently staff developed comprehensive care plans for people and these were regularly reviewed.

Some people received support to prepare meals. Where necessary procedures to monitor the food people had eaten and their fluid intake, were satisfactory.

Where people lacked mental capacity, the agency provided people with the correct support to ensure their rights were protected.

Staff worked with people to maximise their independence. We received positive support about staff attitudes. Comments included; "They send the loveliest girls and my life would be terrible without them... They are wonderful." and "They are not carers they are more like our friends."

The service had a complaints procedure. People said they would approach staff or management if they had a concern. People told us where they had raised concerns or complaints these had been managed sensitively and resolved appropriately.

Management were viewed positively by the people who used the service and staff who we contacted.

The staff team told us they worked well together. People and their relatives viewed staff positively and staff were viewed as caring.

Quality assurance processes were satisfactory to monitor the service was working effectively, and pick up and address shortfalls in service provision.

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 continues to be Good.

Is the service effective?

Good ●

The service continues to be Good.

Is the service caring?

Good ●

The service continues to be Good.

Is the service responsive?

Good ●

The service continues to be Good.

Is the service well-led?

Good ●

The service continues to be 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 17 and 18 December 2018 and was unannounced. The inspection team consisted of a lead 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. The expert by experience telephoned a sample of people and their relatives to check they were happy with their care.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service.

During the inspection we used a range of methods to help us make our judgements. This included talking with people using the service, contacting staff members, pathway tracking (reading people's care plans, and other records kept about them), and reviewed other records about how the service was managed.

We looked at a range of records including seven care plans, four personnel files, and other records about the management of the service.

Before, during and after the inspection we communicated with twenty two people who used the service, four people's relatives, and one external professional. This included visiting seven people in their own homes. We had email contact with thirteen care staff, and spoke with administrative staff, the registered provider and registered manager.

Is the service safe?

Our findings

People told us they felt safe with the staff who worked with them. We were told, "It is a very safe service. Carers are always on time and they are here every day and they do whatever I want," and "The carers are very good with me and treat me as a person and not just a job of work."

The service had a satisfactory safeguarding adult's policy. Staff had received training in safeguarding adults. The registered manager said safeguarding processes were regularly discussed with staff. We were told staff understood how to safeguard people against abuse. Any allegations staff reported were fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse. Staff told us they had a good understanding of how they would recognise if someone was being subjected to abuse and knew what to do if they suspected abuse was occurring. Staff had confidence the management would take suitable action if abuse was suspected. For example we were told, "Problems are dealt with straight away." We were told staff had no involvement with people's money or valuables.

Risk assessments were in place for each person. For example, to prevent poor nutrition, hydration and falls. Risk assessments were regularly updated as necessary. The staff team also took appropriate and calculated risks to support people to live more independently and learn new skills.

All records were stored confidentially. Staff could access people's records either at the service's office or in people's homes. Records we inspected were up to date, and were accurate and complete.

The service had a whistleblowing policy. This supported staff if they had concerns. Staff felt confident they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service.

None of the people who used the service had any behaviours which the service found challenging.

The registered manager told us 42 staff were currently employed to provide care. Staff worked a range of hours to be flexible with the needs of people. People who used the service, their relatives, and staff thought there were enough staff available to support them, although there were several reports that people could not always get a care slot which was suitable for them (This was often logistically difficult as most people wanted the same time spectrum to get up, have meals and go to bed.)

The service was divided into two areas, managed by five team leaders: one area covering the St Austell area and the other area covering the rural area outside St Austell. People and staff members said visit lengths were satisfactory to provide care needed. Managers said staff were paid travel time.

Staff recruitment procedures were satisfactory. For example, a Disclosure and Barring Service (DBS) check was obtained for all staff before they worked on their own. Written references were obtained for all staff members. Staff members had a copy of an application form on file, and proof of their identity.

The registered provider had a suitable policy regarding the operation of the medicines system. Depending on the care package in place, staff either administered people's medicines or reminded them to take their medicines. Staff had received suitable training about handling medicines. People were responsible for ordering and storing their own medicines. Medicines were usually stored in pre-packed blister packs.

Staff received gloves and aprons to assist in the prevention of infection. An infection control policy was in place. Staff had received suitable training about infection control.

The registered persons understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. This was in order to learn from the event and mitigate future risks. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary.

Is the service effective?

Our findings

When a service was contracted from the local authority the service received information about the person's needs from either the health service or local authority. If the person was a privately funded referral, (who subsequently did not have an external professional assessment), a senior member of staff completed an assessment. Copies of assessments were kept on people's files. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

People who used the service and staff said they had not been subject to any discriminatory practice. This included gender, race, sexuality, disability or age. The registered persons' had an anti-discrimination policy.

When staff started working at the service they were provided with a satisfactory induction to assist them to learn their roles, and provide care according to an appropriate standard. This included completing on line training, and shadowing more experienced staff. New staff new to a role in the care sector were required to complete the Care Certificate. This is an identified set of national standards that health and social care workers should follow when starting work in care. Staff induction records were satisfactory, and detailed records were on personnel files.

We checked to see if staff received training required by health and safety law such as moving and handling, fire safety, infection control, first aid and food hygiene. Care staff should also receive training in safeguarding, mental capacity and managing medicines. Records showed staff had received this training. Care staff were positive about training they had received. We were told "useful and informative," and, "They offer great learning opportunities."

Staff told us they felt supported in their roles by colleagues and senior staff. There were records of individual formal supervision with a manager. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. The staff we spoke with said they could approach senior staff for help and support if they had a problem. Staff told us the support they received was good. One staff member told us "We all receive spot checks regularly by our team leaders. We have individual three monthly reviews." There was a record of these on most staff files.

Some people received support preparing food. This involved preparing people's breakfasts, sandwiches or heating up preprepared food. The people we spoke with said food prepared was always to a satisfactory standard. For example we were told about food prepared, "I always like it. They do ask (what I want), even though I ask for the same thing(s)." None of the people supported currently needed physical assistance with eating and drinking.

The registered manager the service had established positive links with external professionals. The service worked closely with a wide range of professionals such as district nurses and general practitioners to ensure people lived comfortably, and received suitable healthcare support. Some people received assistance attending health appointments for example to the optician or the GP. The registered manager said

relationships with local GP surgeries was satisfactory.

The management team understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for them had their legal rights protected. 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. The registered manager told us, where people did not have capacity, the service had suitable policies and procedures in place to ensure people's rights were protected. At the time of the inspection none of the people who used the service lacked capacity. Staff records showed staff had received training about mental capacity.

Is the service caring?

Our findings

People we spoke with said they were treated with kindness and compassion. We received many positive comments about the attitudes of staff. For example, we were told, "Very good," "Sometimes staff go above and beyond their duties. I have no problem with them." and "Brilliant." A relative said, "They are very caring people. They don't talk down to (my relative.)" and "The carers are very good and they take the time to listen and check (my relative) is doing well".

Staff told us they thought the care standards of the provider were good and all the people who used the service were very well cared for. One member of staff said "All the clients are very well cared for." Staff also said they had confidence in their colleagues' practice. For example we were told, "We have a fantastic team. Everybody is professional and easy to get along with."

Care plans contained information about people's preferences and backgrounds. This assisted staff to know the people they were supporting. We were told when care plans were drawn up the person would sign their care plan to state they understood and agreed with it.

Everybody we spoke with said they had a copy of a care plan in their home, and they could look at this at any time. Copies of care plans and daily records were seen at the homes of the people we visited. People said staff always completed records at the end of the visit. Staff said care plans provided them with all the information they required and also enabled them to feed back to management if they had any issues or concerns about people's wellbeing.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People felt staff were honest and they trusted them in the care and support being delivered.

People told us when staff visited their homes, they always asked if the person wanted anything else completed before they left. We were told staff always ensured people had things that were necessary to them, including, glasses, remote controls and walking sticks, left near at hand when the staff left.

Staff told us they had enough time to work with people and deliver the care they needed. People said they did not think staff were rushed except if they were running late. We were told people's privacy and dignity was respected.

Is the service responsive?

Our findings

Everyone who used the service had a care plan which instructed staff how to respond to their individual needs. A copy of people's care plans were kept in their homes so staff had the information they required when they needed it. People and their relatives, said they were aware they had a care plan, and remembered it being discussed with them. Everyone was aware that staff wrote a record of each visit in a file stored in their home. (This also contained people's care plan). Some people could not recall or did not think the care plan had been discussed with them, although management told us this was always done.

Care plans contained suitable detail and included information about people's physical and mental health care needs. Care plans also included risk assessments, for example in relation to people's mobility, and any risks in relation to eating and drinking. Care plans outlined people's preferences and interests. Detailed daily records were also kept in order to maintain a daily dialogue.

Where people did not have representatives to help them read documentation, staff were happy to assist them by reading it to them.

Most people described the responsiveness of the service positively. For example we received comments such as "The staff are very punctual unless a car goes wrong or they are delayed for some reason, then we will get a call to say they will not be too long. The majority of people said staff arrived on time or within a few minutes of their scheduled time, and they had no concerns about this. Care staff told us, "If we fall behind 'on a run' we will call the on call team leader and they will call ahead and inform the next client we are running slightly late."

Most people said staff stayed the correct amount of time even if they were late. We were told if staff did leave slightly early this was always with permission, and after everything they needed to do was finished. Staff would always ask if people wanted staff to do anything else before they left.

Care staff said they were happy with rotas and felt they provided them with enough time to provide care. Staff told us visit schedules were worked out in a logical manner so they were not too rushed in order for staff to respond to their needs. Staff were not expected to complete any significant tasks which were unreasonable in the time allocated.

Most people said they were provided with the same group of carers. People said the staff always stayed the correct amount of time for visits and care appointments were not missed. Women always said they were provided with female carers to provide personal care if this was wanted although some women said they had male carers and did not mind.

The service had a complaints procedure. People told us if they had any concerns or complaints, most felt they could discuss these with staff and managers, and any concerns and complaints would be responded to appropriately. One person said, "I have no complaints at all," and a relative said, "I did complain. The manager listened to us and we believe the carers performance was reviewed as the behaviour complained

about has ceased and has not reoccurred," People told us they did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The service provided end of life care where necessary. If somebody who used the service needed end of life care, the service had a suitable care planning system to ensure people received suitable support. Staff would consult with district nurses and GP's to ensure people received suitable medical care during this period of their lives. Managers also said there were suitable links with Macmillan nurses. Staff had received training about end of life care.

Is the service well-led?

Our findings

People using the service, their relatives and staff were positive about the management of the agency. The service had a clear management structure. The current manager was registered with CQC. The registered provider was actively involved in the running of the service. The registered manager said they found it was vital the service had a positive culture. They said this was achieved by ensuring the right people were recruited to work with people, there was always enough staff, training and development was to a good standard, and management led by example." Administrative staff provided support in the service's office.. The service had a 24 hour on call service which operated seven days a week. People and staff said the on call service was effective and on call staff were available if required.

People were positive about how the service was managed. For example, we were told "Very nice," and "I have no concerns." People said when they telephoned the office, staff on the telephone were always supportive and helpful. We were told, "I have very good communication with the office and information they provide me is timely and easy to understand," and "When I communicate with the office they generally respond quickly." Staff said management were, "Very approachable," "(The registered manager) is the best manager I have ever worked under she is professional and very supportive as are our team leaders." and "Management supports us very well, do their best to help if they can. They are very accommodating."

Staff told us they worked well as a team and communicated well. They said, "I am very proud to be a part of a fantastic team and a great company. I am very confident that we all do our very best for each and every client." Staff said they were provided with their work schedule in good time and any changes were shared in a timely way.

The staff members we contacted were all positive about working for the provider. Comments included, "I honestly cannot rate this company enough it really is one of the best, if not the best care company I have worked for," and, "I feel we are a very reputable company, whose priorities always lie with the service users."

We observed that both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The service's approach to quality assurance included completing a survey to check what staff and people's views were of the service. We saw the results of the survey completed in 2018 and the results were very positive. Some people said they remembered being consulted about the service they received. For example we were told, "We were asked to fill out a questionnaire some months ago and felt it was taken seriously. Not just a tick box exercise."

The registered manager told us spot checks were also completed. This involved a senior member of staff checking, unannounced, that a care assistant was completing their duties to a good standard. A record was kept when these checks were completed. Several members of staff confirmed these occurred regularly. Managers also completed some care shifts which enabled them to get feedback about how the service was working. Some audits were completed. For example to check care records were completed satisfactorily.

There was a schedule when staff supervisions and training had been completed, and when these were next due.

Some people we spoke with said they had not, or could not remember if they had been asked about their views of the service. Managers said people had been asked. One person said " The managers come occasionally from the office to see me. The last time was a few months ago I think," although someone else said "I have only ever been asked about how things are going by the carers."

All the people we spoke with said they would recommend the service to other people. We were told, "I would thoroughly recommend them," and "I'd recommend the service because the carers who visit are great."