

Nedcare Community Interest Company

NEDCARE

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

NEDCARE is a Community Interest Company which provides a domiciliary care service. It provides personal care and domestic support to young and older people living in their own homes in the Moretonhampstead area. It also supports people who may have a physical disability, a sensory impairment or who are living with dementia. Not everyone using NEDCARE receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of the inspection the service was providing personal care to nine people. The service had a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was registered with CQC in July 2017 and this was the service's first inspection. The inspection took place on 2 and 3 July 2018 and both days were announced.

NEDCARE was a well-managed service. People received safe care and support from a caring staff team. The registered manager, management team and staff understood their role and responsibilities to keep people safe from harm. Staff had received safeguarding training and people were provided with information about how to raise a safeguarding concern. Risks to people's health, safety and well-being were assessed and management plans were in place to keep people and staff safe.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed. People said they felt safe with the staff when receiving care. They said they had a regular staff team whom they had come to trust and know well. Staff were well trained and received training in health and safety topics as well as those relating to people's care needs.

The service was responsive and people received individualised care and support. People were involved in planning their care and their feedback was used to develop and improve the service. Care plans were detailed and provided staff with important information about people's care needs and how they wished to be supported. People were cared for by staff who knew them well. Staff treated people with dignity and respect.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and people's rights were respected and protected.

People and relatives knew how to make a complaint but told us they had no reason to do so. The service had not received any complaints since it registered with CQC in July 2017.

The manager and staff had a good understanding of equality, diversity and human rights. The culture within the service was personalised and open. There was a clear management structure and staff felt well supported and listened to.

The vision and values of the service were clearly communicated to and understood by staff. A quality assurance system was in place. This meant the quality of service people received was monitored on a regular basis and where improvements were required, these were acted on. The service consulted with other care providers to learn and share good practice.

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.

People and their relatives told us they felt safe when they received care. Staff had received safeguarding training and were aware of their responsibilities to report concerns.

Risk assessments had been undertaken and management plans were in place to protect people from harm.

The service employed enough staff to carry out people's visits and meet their needs safely.

Safe staff recruitment procedures were in place.

Is the service effective?

Good ●

The service was effective.

People benefitted from having a regular team of staff who had the appropriate knowledge and skills to meet their needs.

Staff had completed the training they needed to carry out their role and had the opportunity to discuss their practice.

People's rights were protected as the registered manager and the staff had a good awareness of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the way staff treated them.

Staff were respectful, kind and compassionate.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People contributed to their care planning. Care plans described the support people needed to manage their day to day health and personal care needs.

The service was flexible and responsive to changes in people's needs.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

Is the service well-led?

The service was well-led.

People and staff found the management team professional and approachable.

The management team knew about the needs of the people who used the service and provided a good level of staff support.

Effective systems were in place to assess and monitor the quality and safety of care. The service encouraged feedback and used this to make improvements.

Good ●

NEDCARE

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 was 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 was the service's first inspection since registering with CQC in July 2017. This inspection took place on 2 and 3 July 2018 and both days were announced. We gave the service 48 hours' notice of the inspection site visit because we wanted to ensure that someone would be in the office to assist us with the inspection. The inspection was carried out by one adult social care inspector.

Inspection site visit activity started on 2 July 2018 and ended on 3 July 2018. It included meeting with the registered manager, an executive director and the operational support co-ordinator who was responsible for planning care visits. We reviewed the care records for the three people we arranged to visit as well as records related to the running of the service. Before the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, this tells us what the service does well and the improvements they plan to make.

During the inspection we met three people receiving care from the service and two relatives. Following the visits to the office we spoke on the telephone with another relative and four members of care staff. We also received emails from two relatives and a member of staff. We did not receive any negative comments about the service.

Is the service safe?

Our findings

People told us they felt safe with the staff when receiving help with their care needs. One person said, "Yes, they're all lovely" and another person said, "Totally" when asked if they felt safe.

Staff had received training in safeguarding adults and knew their responsibility to report any issues of concern over people's safety and welfare. Written guidance was available in people's homes and in the office to guide people and staff who to contact; this included the local authority and CQC. One member of staff told us they knew concerns would be taken seriously. They said of the registered manager and office staff, "They really care about people."

Risks to people's health and safety had been assessed prior to them receiving a service. Assessments related to people's health care and mobility needs, as well as environmental considerations, such as stairs or the safety of kitchen equipment. Staff were guided with information about how to minimise the chance of harm occurring to people and themselves. Information was provided to staff about how to provide support safely. For example, one person's risk assessment in relation to moving and handling identified how equipment should be used. Staff had received training in health and safety topics such as accident prevention and risk assessment, falls awareness and first aid. Should a person have an accident the service had records for staff to complete and staff were aware of the need to let the office staff know to allow them to notify healthcare professionals and relatives. One person told us they had fallen and staff had contacted the community nurse on their behalf for a welfare visit. The recent staff meeting held in May 2018 discussed risk management and safeguarding. Staff were guided where to find information and reminded of their safeguarding motto "If you see something – say something."

The service supported some people with their medicines, including topical medicines such as creams for skin protection. Each person's care plan provided information about their medicines and why they were prescribed. This enabled staff to understand about the medicines people were taking. Staff completed medication administration records (MAR) after they had assisted people with their medicines and we saw these had been completed.

Staff recruitment practices were safe. We looked at the recruitment files for three staff. All three files included the necessary pre-employment checks including proof of identify, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing a person who may be unsuitable to work with people requiring care and support.

The service employed enough staff to carry out people's visits and meet their needs safely. People told us they had a regular staff team and they always knew who was coming to them. People were provided with a rota for their visits. People told us the staff arrived on time and their visits were never cut short by staff leaving early. One person told us they had a missed visit but had been informed by the office staff of the reason for this and no further visits had been missed. People told us how impressed they were with the service in providing care visits throughout the severe weather, particularly as some people lived in isolated areas.

Staff told us they had no concerns over the planning of visits and they were provided with sufficient paid travel time. They said they had enough time to ensure they delivered care safely and visits were not compromised by having to leave early to get to their next person on time. One relative told us the staff never rushed the care for their relation and they felt staff had time to care for them properly. Should there be a need for extra staff at short notice, the registered manager and a member of the management team would also work alongside the care staff.

There was an on-call system for staff and people to ring in the event of an emergency outside of office hours. People and staff told us this system worked well and there was always someone available to speak to.

Staff were provided with gloves and aprons which were freely available from the office. Records showed staff were provided with infection control and food hygiene training to ensure they were aware of good infection control principles. People told us staff followed these principles and had "good" hand hygiene.

Is the service effective?

Our findings

People received effective care and support from well trained and competent staff. People and relatives told us they felt staff were knowledgeable and they had confidence in their abilities. One person said, "The staff are very qualified" and a relative described the staff as "skilled and reliable." The registered manager oversaw staff training and ensured updates were provided when necessary. The operational support coordinator was a trainer for moving and transfers using equipment. This enabled the service to provide training as and when needed, such as when a new member of staff was employed, or when a person's needs changed. Staff told us they had "lots of training", with one member of staff saying the training they had received had been "fabulous". The service maintained electronic training records for each member of staff. These identified the training undertaken and identified when updates were due. In addition to health and safety training, staff received training in care issues such as dementia care, the Mental Capacity Act 2005 and continence management and skin care. Where updates had been identified as being required, dates for this training had been arranged.

New staff completed training before working alongside more experienced care staff until they felt confident and were assessed as competent to work unsupervised. Staff new to care also undertook the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.

Staff told us they felt well supported by the registered manager and operational support coordinator. They said they were always available, easy to talk to and they felt listened to. One member of staff said, "You get so much support, it's brilliant" and another said they were "amazingly helpful". In the Provider Information Return, the registered manager said they wished to improve the frequency of staff supervision meetings. They said this would allow staff to have more of an opportunity to discuss any concerns they may have, make suggestions for improvements and plan their training and development support. Records showed the registered manager had undertaken a number of supervisions but they said these were not as frequent as they wished them to be. However, with the appointment of the operations support coordinator, they felt they would be able to dedicate more time to ensuring these supervisions were undertaken regularly.

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.

We checked whether the service was working within the principles of the MCA. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. Where necessary, a capacity assessment had been undertaken to determine a person's capacity to consent to elements of their care, such as taking medicines.

People were supported to access healthcare services. People told us the service communicated well with

healthcare professionals involved in their care, such as GPs, community nurses and occupational therapists. Records of this involvement were maintained in each person's electronic records.

Staff supported some people to choose and prepare their meals. Staff knew people's food preferences and, for those people with swallowing difficulties, how their food should be presented and what food to avoid. For example, one person's care plan described their need to have softer foods cut into small pieces. One person told us, the staff always make sure they have a jug of water and a glass before they leave.

Is the service caring?

Our findings

People and their relatives praised the staff highly and told us the staff were very kind and caring. One person said, "I find them all wonderful" and another said staff were cheerful and "always laughing". A relative said, "The carers who attend to my father twice a day, are both caring and compassionate. They are a wonderful support to my mother and enable my parents to remain in their home and be as independent as possible. It is a great reassurance for my sisters and I to know that our parents are being looked after so well by NEDCARE."

Staff encouraged people to be as independent as possible. People's care plans were clear about what each person could do for themselves and how staff should provide support. People, and their relatives, were involved in contributing to their care plans. One relative said "I've planned his care, I'm totally involved."

Staff spoke about people with affection. One staff member described the people they cared for as "really lovely". All the staff we had contact with told us they were proud to work for the service and they felt their job was very worthwhile. One member of staff said, "I really enjoy working for them. I think they're great." Staff described how caring the culture of the service was. One staff member said, "I think there is a genuine regard for both the client and the carer and an appreciation that the happiness of both groups is interdependent."

The service recruited staff based on their values as well as their experience. At the time of application, prospective members of staff are asked to write about themselves and their values. At interview, staff are given a scenario and asked to describe what actions they would take to support a person. Consideration was given to both of these exercises prior to deciding about a member of staff's suitability. Prior to joining a person's care team, each member of staff was introduced to people by the registered manager or the operational support coordinator. They also visited people once the care team had been established to review if people were happy with their carers.

It was clear from our discussions with people and relatives that staff knew people's needs and preferences well. People told us staff respected their dignity; they said staff always attended to them kindly and discreetly. The provider had a policy on equality and diversity and staff were provided with training. Care assessments included an assessment of people's needs regarding, culture, language and religion. Staff understood the values of the service, which included, "High quality care for everyone who needs it." They recognised the importance of ensuring equality and diversity and human rights were actively promoted.

Is the service responsive?

Our findings

NEDCARE's aim and objectives included putting the people they support "at the heart of what we do" and to "deliver flexible, responsive and person-centred services of the highest quality." People and their relatives told us the service did this very well. One relative told us, "It's been the most amazing success."

Care plans were developed with each person, and their relatives if appropriate, following their initial assessment. People had received a copy and we saw these were available in people's homes. These plans described the support each person needed to manage their day to day needs. This included information such as their preferred routine and how they wished to be supported, their health care needs as well as any risks involved in their care. People also shared information with staff about their past social history and their interests and hobbies. Important information that was essential for all staff to be aware of was clearly identified. This included information about people's changing needs and the actions required of staff to meet their needs.

People told us their care plans had been updated after their needs had changed and following meetings to review their care with the registered manager. Staff were encouraged to add information about people's changing needs as and when these happened to allow the care plans to remain current. Changes to people's care plans were highlighted in red to ensure these were readily identifiable for staff. One relative told us the registered manager frequently visited them to review their relation's care. Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written.

People told us the service was flexible and responsive to their requirements. For example, during our inspection the registered manager rearranged the time of a visit for one person who had an appointment the following day.

The care plans included information about people's communication needs. For example, for one person who was unable to verbalise their needs, staff were guided to be observant for facial expressions and to allow time for the person to respond. The registered manager told us information could be provided in different formats to support people's communication needs such as large print care plans and rotas. One person was provided with pictures of staff to support their understanding of their visit rota.

The service recognised some people were at risk of social isolation and the service referred people to other agencies that could provide social support. For example, they had established links with a local community project to try to prevent and alleviate loneliness through community engagement.

At the time of the inspection, no one was receiving end of life care. The registered manager told us they would be introducing end of life care training to enable staff to support people through terminal illness and at the end of their lives.

People and their relatives had no concerns over the care and support they received and they felt able to

make a complaint if something was not right. One person told us, "I can't think what I would have to complain about." Another person said, "I don't have any complaints." People had a copy of the service's complaints procedure which included the contact details of the local authority and CQC should people wish to raise complaint outside of the service. The service had not received any complaints since it was registered with CQC in July 2017.

Is the service well-led?

Our findings

Without exception, people, their relatives and staff told us the service was well-led. One relative said, "I found [registered manager] very professional, approachable and respectful of my parents and their home." Another said, "They are a very caring company. Before they started, we had a family meeting with [registered manager], as well as one of the carers on the team. They were very professional. They are an excellent company to deal with and as I do not live nearby, they have kept me informed." A member of staff said the service had "high standards".

The registered manager and management team were passionate about the people the service cared for and said they were proud to be providing a service to the local community. They said they were committed to ensuring people received a high-quality service that met their expectations and recognised the importance of employing the right staff to achieve this. The registered manager described the care staff as "a great team".

The feedback we received from people and their relatives showed a very high level of satisfaction. It demonstrated the service put in to practice its aims and objectives. People said the registered manager and the operational support coordinator were always willing to come out to talk to them about their care needs or if they were worried about anything. One relative, whose relation had a complex health condition, told us they were "most impressed" with the service.

There were effective systems in place to monitor and improve the service. Prior to the inspection, the service had engaged a consultancy company to undertake a review of how the service was performing. The service was assessed as to whether it met CQC's Key Lines of Enquiry under each key question (is the service safe, effective, caring, responsive and well-led?). Areas for improvement were identified and an action plan completed. These included the actions the registered manager had identified in the Provider Information Return and they, and the executive director, were able to demonstrate the actions taken to address these areas.

The registered manager and executive director completed regular audits which included staff files, care plans, training and people's feedback. The outcome of the audits, as well as progress with the action plan, were discussed at monthly board meetings with the directors of Nedcare Community Interest Company. For example, the registered manager said they monitored whether visits were undertaken on time and if staff stayed the length of time they should. This was done through contact directly from people. However, they recognised this did not give them 'real time' information and they were looking to expand the services electronic records system to identify these. The registered manager said this was a priority as the service was looking to expand. The service was also part of a 'peer support group' of other home care providers. This group met regularly to discuss service development and improvement. The registered manager said they wanted to learn from other providers who were performing well.

Records showed the service had received many letters and emails thanking them for the quality of the care and support provided. Comments included, "Thank you for looking after dad so well" and "Thank you for

your care and concern. Really glad we got to know you – you go the extra mile."

The registered manager kept up to date with best practice by attending training events, consulting with the local authority and registering with their provider engagement network, and by meeting with other care providers. They were aware of their responsibilities to keep CQC up to date with events at the service including notifying us of serious incidents.