

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Homecare Northwest

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Homecare Northwest Limited
Registered Manager	Miss Harri Jane Hastie
Overview of the service	Homecare Northwest has offices in Macclesfield and provides services to people living in the surrounding area. The range of personal care services provided includes meal preparation, respite care, help with domestic tasks, medication prompting, care for people living with dementia, and support with trips out.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

When we visited Homecare Northwest we looked at four care plans and other records and talked with four members of staff. Three of the people who used the service kindly allowed us to visit them at home and we also talked with two relatives.

People who used the service told us that they liked the service they received from Homecare Northwest. They said "They are more caring (than a previous provider). Nothing is too much trouble for them. They ask you all the time 'Is there anything more I can do for you?'" A relative told us "They're great – they're good – they are very helpful". One person told us "They do anything I ask them to do, they are decent people" whilst another said "They come regularly, they take notice of what I say, and they treat me with respect".

We looked at care records both in the office as well as in people's homes. We found that these supported the provision of appropriate care to people who used the service. We found that the staff of Homecare Northwest involved people in the arrangements for their own care and that they treated people with dignity and respect.

We saw that Homecare Northwest had appropriate arrangements in place so that people were safeguarded from abuse or harm. We looked at staff records and saw that appropriate safeguards were taken to ensure that staff were suitable to work in the service. Homecare Northwest had arrangements in place to receive and act on complaints but as a relatively new agency had not received any complaints at the time of our inspection.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

When we visited Homecare Northwest we saw that there was a printed service user guide together with a colour leaflet both of which explained the service. The service user guide was taken to the initial assessment meeting with people who used the service so that they were given information about how the service worked. The guide outlined the objectives of the organisation, its philosophy of care and the range of services it could offer together with the charges which would be made for the package of care which might be provided. People who used the service were given appropriate information and support regarding their care or treatment.

We asked people who used the service if Homecare Northwest involved them in their care and provided care in such a way as to take account of their preferences. One person told us that they felt that the assessors who they had met from the provider had taken great care over this when they had first met them and devised their care plan. We saw from the care records that as well as outlining the specific care tasks to be completed on each visit the care plans also included more personal touches such as "before leaving turn the television magazine to the correct day".

When we visited people who used the service in their own homes we saw that staff treated people with dignity and respect. We saw that staff did not enter people's houses until they were invited to do so by the person who used the service. We saw that this was part of Homecare Northwest's policies which aimed to support people's independence and autonomy. Where staff were provided with a key they made immediate contact with the person to let them know that they were visiting. We saw that they asked people who used the service how they wished their personal care tasks to be completed.

The care staff took time to explain to the people who used the service why we wished to speak to them and first sought their agreement to this. In one instance staff asked us to wait outside until the person had given their consent to our entering their home, and in

another once the person had agreed to speak to us staff asked us to wait in a separate room until the person had finished their lunch with their relatives who were visiting. Staff emphasised to us that at all times they were aware that they were working in the person's own private home and that the person had an absolute right to decide what happened there.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People who used the service and their relatives told us that they thought the service they received from Homecare Northwest was very good. We saw from the care files that staff undertook a range of personal care tasks for people. When we visited people who used the service in their homes we saw that this also included shopping and pension collection. People who used the service expressed confidence in the ability and honesty of staff to complete these tasks on their behalf. We saw that where staff handled money on behalf of people that they were provided with detailed records of expenditure and the sums received together with receipts.

We saw that Homecare Northwest staff assisted people with their medication when this was required. Detailed records were kept of this which showed the level of help provided and so provided a clear audit trail. We were told that all staff completed appropriate medicines training as part of their induction. We saw that staff wore appropriate personal protective equipment such as aprons and gloves when required.

When we visited people in their homes we saw that Homecare Northwest had a care planning system made up of a folder which remained in the person's home so that staff could keep records of care. We saw that these records were up to date. People who used the service could refer to this as a record of their care. A copy was then retained in the office.

We saw that before people started to use the service an assessment was made of their requirements. This was based either on information provided by a referring agency such as the local authority or in the case of a private referral, by an assessment undertaken by Homecare Northwest.

Following informal discussion with people and if appropriate their relatives a care plan was drawn up. We saw that this included health and safety and other risk assessments such as for bathing, management of finances, and the self-administration of medicines. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Because Homecare Northwest was a new agency there had not been time for a systematic approach to reviewing care plans to be built up. However we saw evidence of adjustments being made to care plans as required and were told that they would be reviewed at least annually or sooner if necessary. We saw that there were arrangements for reviews to be conducted at any time at the request of the people who used the service and that periodic satisfaction reviews were in place. We saw evidence that regular audits were undertaken of the care folders.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We talked to staff about their understanding of the term safeguarding. Safeguarding means taking steps to make sure that people who use services do not suffer abuse and responding properly if there are any allegations or suspicions of abuse. Staff showed a good understanding of this and could describe the different forms that abuse could take.

Staff were also able to tell us about the arrangements for whistleblowing. Whistleblowing is when a worker reports suspected wrongdoing at work and feels they need to tell an organisation outside of the workplace about it. Officially this is called 'making a disclosure in the public interest'. The provider might find it useful to note that the Care Quality Commission (CQC) is one of the organisations prescribed for such disclosures but that this was not identified in the agency's policy on whistleblowing.

When we visited people who used the service in their homes we saw that there were systems in place to account for the safe management of monies and medicines. We saw that there was a section on safeguarding for people who used the service in the service user guide.

Homecare Northwest had a full policy on safeguarding which required that all incidents should be reported to the manager. We were able to track a specific incident where abuse had been suspected and saw that this had been appropriately managed including by involving the local authority and meeting the provider's obligation to notify the CQC.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at records of recruitment and talked to staff so that we could check that Homecare Northwest was taking the necessary steps to ensure that people employed to provide care to people in their own homes were suitable to do so. Staff told us that they had responded to an advertisement for the position and had completed an application form. They said that they had provided two references and had undergone a criminal records check.

We looked at three staff records relating to two staff already employed by Home and one who was in the process of being recruited. In the case of those already employed we saw that there was a photograph of the worker on the file as well as other proof of identity. We saw that Homecare Northwest used an application form and that this was structured in such a way as to obtain other information required by the appropriate regulation relating to the recruitment of staff. Each file included a full employment history and an explanation of any gaps in employment together with two written references and a declaration of any health issues that might affect the employee.

The regulation requires that the provider obtains an enhanced criminal record certificate for care staff. This is now known as a Disclosure and Barring Service (DBS) check. Information about a criminal record or other restrictions helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. We saw that there was a satisfactory Disclosure and Barring Service (DBS) check for each of the staff who were employed. The manager told us that it was not the practice of Homecare Northwest to allow new staff to commence work before a DBS check was received.

Staff confirmed that they had received induction. Induction training must be provided by employers within the first twelve weeks of employment to make sure that staff are ready to work with people in a particular setting and that they have the right skills they need to do the job. We were told that Homecare Northwest followed the induction standards laid down by Skills for Care, the workforce development advisory body for the care sector.

Staff told us that further training was freely available and that if they wished they could access further programmes as they wished.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We saw that the service user guide provided to each person contained a section which outlined the Homecare Northwest complaints arrangements. All the people who used the service told us that if they had a complaint they would contact the office.

We looked at the Homecare Northwest complaints policy and saw that this required that normally a complaint would be acknowledged in writing within three days and responded to within ten working days. The policy emphasised that complaints might be received in different formats, written or verbal. There was provision for the policy to be made available to people who required it in a different format. The policy had been produced recently and the date for review was clearly identified. People were made aware of the complaints system. This was provided in a format that met their needs.

The policy required that all complaints should be entered into a complaints register. This is a requirement of the regulation which relates to complaints. The provider told us that they had not received any complaints since they opened and so we were not able to inspect a log or register of these.

The provider might find it useful to note that on the literature we were provided with there were references to some agencies which were no longer in existence and the address for the Care Quality Commission was out of date. The provider might find it useful to note that where a person has made a complaint and the local council or care provider has looked into it, but the person remains unhappy with the result or with the way the complaint has been dealt with, then people can then complain to the Local Government Ombudsman.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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