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Annual Inspection Report 2022-2023

Northern Care

Domiciliary Care

3 October 2022



DHSC

We carried out this announced inspection on 3 October 2022. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Northern Care is a domiciliary care agency. It arranges for others to be provided with personal care or personal support, with or without personal assistance in their own dwelling.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Three areas of improvement regarding quality assurance and risk assessments were identified in relation to the service.

Documentation was clear and comprehensive. Clients' care needs were easily understood.

Clear evidence was in place of effective liaison between the service and various agencies in the interests of clients.

Staff spoke highly of the support they had received both from the manager and from fellow colleagues.

Clients told us that staff were very caring and looked after them well.

At this inspection we found improvements had been made in response to the previous inspection.

About the service

The service provides support to people living in their own homes.

Registered manager status

The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 28 September 2022. We visited the service's location on 3 October 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection

The inspector viewed a variety of documentation during the inspection. Care records, staff recruitment records and a variety of documentation relating to the service were viewed. We also spent time with the registered manager discussing the running of the service.

After the inspection

We spoke to two service users, together with a family member of a service user who was receiving care. We also spoke to a staff member, and received two written responses from staff members about their experience of providing care.

C1 Is the service safe?**Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires improvement in this area.

This service was found to be safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse

The service had a variety of measures to keep people safe. Safeguarding policies and procedures were in place, and incorporated into the induction checklist for new staff. We saw completed supervisions where opportunity was given for staff to raise any issues.

We saw evidence of caring for people in a non-discriminatory way, with staff telling us that they “treat clients as individuals working in a person centred way and being judgmental.” We were also told that they believed “every client is unique and that they have the right to a discriminatory free provision.” The manager told us that they tried to have an open culture where staff felt comfortable to raise concerns. Staff confirmed to us that they “feel very confident” in talking with the manager about any concerns; “I can approach and discuss anything with her.”

Risk assessments had been carried out on individuals. There was not a specific risk assessment in place for the use of bed rails. We saw records that encouraged positive risk taking; “prompt [] to wash hands;” “encourage [] to walk e.g. hold handles on walker.” We also saw documentation which allowed clients to decide on taking their own risks.

Records were stored securely and were password protected as appropriate.

Staff rotas were in place. We were told that staff were matched as far as possible with clients. We were told that the manager had responded to clients’ concerns by changing staff as required.

Staffing and recruitment

Staff were recruited safely. Files relating to staff recruited since the last inspection were seen, and all required paperwork was in place.

We saw evidence that staff training had been undertaken to care effectively for clients. Staff feedback confirmed they felt well equipped to care for clients.

Using medication safely

A medication policy was in place. We also saw medication risk assessments in place, with identified medication needs being carried through from the initial assessments. They then formed part of the care plan. Instructions were clear, with assistance required clearly identified. Staff medication competency assessments had been carried out as part of staff spot checks. We discussed with the manager including a “what if” scenario in the medication competency assessment.

Preventing and controlling infection

An infection control policy was in place. We saw environmental risk assessments which had identified potential hazards. Food hygiene and infection control training had been undertaken by staff.

Learning lessons when things go wrong

During the induction process the responsibility to raise any concerns was communicated to staff. Staff told us that "I learned about my responsibility towards the client and how to raise concerns and what procedures to follow. This was also part of induction in general." The manager told us that they visited clients regularly, with clients confirming that the manager provided care on a regular basis.

Action we require the provider to take

Key areas for improvement:

- Risk assessments for the use of bed rails must be in place where appropriate.

Inspection Findings

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service does not require any improvements in this area.

This service was found to be effective in accordance with the inspection framework.

Assessing people’s needs and choices; delivering care in line with standards, guidance and the law

Comprehensive initial assessments had been undertaken. Care plans were detailed and easy to understand, addressing needs identified. We saw evidence that care was provided in a non-discriminatory way by the service.

Staff support: induction, training, skills and experience

We saw evidence of a comprehensive induction process, with staff telling us that their induction was “very informative and well structured.” Supervisions and appraisals had taken place, with one supervision and appraisal overdue. We were told that the staff member concerned had done sporadic bank shifts, and this would be carried out as soon as possible.

Staff told us that they “were impressed at the amount of training available,” which had been “of great benefit to my personal development.”

Supporting people to eat and drink enough to maintain a balanced diet

We saw care plans which instructed staff to “encourage clients to eat and drink.” We were also told about different ways that people were supported, with likes and dislikes recorded. Food charts kept by the agency helped to show people’s intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, assess healthcare and support

We were told about how the agency had worked together with another service when a client had moved services. We were also shown paperwork relating to health professionals being involved in arranging care.

Ensuring consent to care and treatment in line with law and guidance

Capacity assessments had been carried out by professionals as appropriate. We saw evidence that the service had been involved in best interests meetings, together with other professionals. Clients were supported to be involved in their own decision making as far as possible. Clients told us that staff did what they asked of them.

Inspection Findings

C3 Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service does not require any improvements in this area.

This service was found to be caring in line with the inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity

We saw evidence that staff had supported a client to do an activity which they used to enjoy and were able to take up again. We also heard about good practice, for example, in caring for clients with dementia. Staff told us “there is no judgement and all are spoken to with respect.” Family of service users told us that the agency “actually care. They care about the carer as well.”

Religious and cultural needs were identified in care plans.

Supporting people to express their views and be involved in making decisions about their care

Staff told us that clients “should feel they have a say at all times and are being listened to.” We saw evidence that clients had been involved in care planning meetings. Relatives told us that they also were involved in working with the agency to provide quality care.

Respecting and promoting people’s privacy, dignity and independence

Staff told us how they cared for people in a dignified way. They emphasised the importance of privacy and being discreet when providing care. We were given examples of how staff encouraged clients to be independent. We also heard from clients their experience which confirmed how staff encouraged them. We saw how information was handled on a need to know basis, with all information being securely stored.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive in line with the inspection framework.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

We saw initial assessments which contained detailed information about clients’ personal histories, together with details about how they wished to be cared for. We also saw evidence that clients were supported to be involved in day services, with information shared via communication logs on a need to know basis.

Meeting people’s communication needs

Communication needs formed part of support plans. Staff told us how the different ways in which they communicated with people, according to client need.

Improving care quality in response to complaints or concerns

A complaints policy was in place. No complaints had been received by the service. Family and service users were clear that they would know to make a complaint.

End of life care and support

The service was not providing any end of life care and support at the time of the inspection. However, we discussed with the manager end of life care provided to previous clients, and how people had been appropriately supported.

Inspection Findings

C5 Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service requires improvements in this area.

This service was found to be well-led in line with the inspection framework.

Promoting a positive culture that is person-centred, open, inclusive and empowering which achieves good outcomes for people;

Staff told us that “the mentoring standard cannot be faulted; it was exceptional.” Family and service users felt involved in the planning of their care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

The manager had a “hands on” approach, and knew clients well. Clients told us that the manager was “very good. She sorts everything out.”

The manager understood the need to submit incidents to the Registration and Inspection Team in line with regulatory requirements.

Appropriate insurance cover was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

We saw evidence that staff suggestions regarding care of clients had been adopted, enabling more independence. We saw evidence of staff meetings where good care practice was discussed. We also heard from clients that they were fully involved in identifying the care they needed.

How does the service continuously learn, improve, innovate and ensure sustainability?

We saw staff supervisions and appraisals during the inspection where staff could raise any issues. There were no quality assurance audits being carried out. No annual report was in place at the service.

Working in partnership with others

The agency had worked with other agencies in providing care for a client. The manager must ensure the completed PIR (Pre Inspection Request) is returned prior to the next inspection.

Action we require the provider to take

Key areas for improvement

- - A system of structured quality assurance audits to be in place.
 - An annual report to be in place for the service.