North West Community Services (Greater Manchester) Limited

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Inspection report

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Tel: 01706395370

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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

The inspection to the office took place on 11 March 2016 and we telephoned people who used the service on 15 and 16 March 2016. The provider was given 48 hours' notice of our visit because the location provides a domiciliary care service so we needed to be sure that someone would be available at the office.

This was the first inspection of this service since it's registration with the Care Quality Commission (CQC) in June 2014.

Two inspectors visited the office and visited the homes of two people who use the service. We spoke with a further seven service users, or their relative, on the telephone.

North West Community Services (Greater Manchester) Ltd provides domiciliary care services to people throughout Todmorden and other areas within Calderdale. The office for this service is based in the centre of Todmorden. The service provides people with personal care and support to enable them to live in their own homes. Most people who used the service at the time of our inspection were older people. At the time of our inspection there were 56 people using the service.

The person previously registered as manager for the service had deregistered with the Care Quality Commission in February 2016. However, a new person had been appointed and intended to apply to CQC for registered manager status. 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.

Systems were in place to make sure people who used the service were safe. People's needs were assessed and plans were put in place to mitigate any risks associated with the delivery of their care.

Staff understood their responsibilities in keeping people safe and people who used the service were provided with information about their right to be safe and how to recognise and report any signs of abuse.

Staffing levels were determined by the number of people using the service and their needs. New care packages were only accepted if suitable care workers were available.

Accidents and incidents were recorded and monitored.

Procedures were in place to make sure medicines were managed safely and people received their medicines as prescribed and at the right time.

Staff were recruited safely and received comprehensive induction, training and support to make sure they had the knowledge and skills they needed to deliver care and support to people in their own homes.

People who used the service told us staff were kind, caring and attentive. They told us staff gave explanations and sought their consent before providing care and support.

Staff understood how to maintain people's privacy and dignity and gave examples of how they did this.

People who used the service and their relatives told us the service had responded quickly and effectively to their changing needs or when problems had arisen. Concerns or complaints about the service were managed well and responded to in a timely manner.

Care plans were person centred and included full details of people's lifestyles, needs and preferences. However care plans were not always available in people's homes. People told us staff understood their needs well and provided the support they needed.

Systems were in place to audit the quality of service provided. Views of people who used the service and staff were sought and action plans put in place to address any issues or to make any necessary improvements.

Staff and people who used the service provided positive feedback about the acting manager and other staff working in the office.

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.

Systems were in place to assess, monitor and mitigate risks to people's health and wellbeing.

There were enough staff available to meet the needs of people using the service.

Safe systems were in place for managing medicines.

Staff knew what to do if they had concerns about people's safety.

Is the service effective?

Good

The service was effective

Staff received appropriate training and support to ensure they had the skills and knowledge to deliver effective care.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and had a good knowledge of people's capacity to make decisions.

Staff worked with other agencies to ensure people's healthcare needs were met.

Is the service caring?

Good

The service was caring

Staff were caring in their approach and understood people's needs.

People felt staff were respectful of their privacy and dignity needs.

People were involved in their care.

Is the service responsive?

Good

The service was responsive.

The service worked with other health care professionals to make sure they were able to meet people's assessed needs.

Care records were person centred and included details about what was important to the person.

People said any concerns they had about the service were responded to very well.

Is the service well-led?

Good

The service was well led. A registered manager was not in place at the time of our inspection but the newly appointed manager intended to apply for registered manager status.

Systems and processes were in place to audit the provision of service to ensure the delivery of high quality care.

Staff and people who used the service provided positive feedback about the acting manager.

Systems were in place to seek the feedback of people who used the service and to identify any areas of required improvement.

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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.

The inspection to the office took place on 11 March 2016 and we telephoned people who used the service on 15 and 16 March 2016. The provider was given 48 hours' notice of our visit because the location provides a domiciliary care service so we needed to be sure that someone would be available at the office.

Two inspectors visited the office and also visited the homes of two people who use the service.

Prior to the inspection we spoke with the local authority safeguarding team, commissioners and reviewed the information we held about the service. Before our inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned within the required timescales.

We telephoned seven people who used the service and spoke with either themselves or their relative. We spoke with four members of care staff and the acting manager. We looked at four people's care records and other documentation relating to the management of the service such as policies and procedures.

Good

Is the service safe?

Our findings

Two people who used the service told us they felt safe when receiving care. One person said "They absolutely make me feel safe." The relative of a person using the service said they knew their relative was safe and said they "would never have to worry about them (staff) mistreating (relative)."

Staff we spoke with were knowledgeable about how to keep people safe and how to report any concerns they might have. Staff had received training in safeguarding and information about what to do if staff had concerns was included in the staff handbook. We saw the welcome packs given to people who used the service included written and pictorial information about abuse and safeguarding and included telephone numbers for the local authority safeguarding teams.

We saw risk assessments included in people's care files. They covered risks associated with the environment in which they received their care, their medical status, medication, other household members, fire safety and any risks staff might encounter whilst providing support. Risks associated with care procedures such as bathing and moving and handling were also assessed and a plan put in place to minimise potential risks to the service user and staff providing care. Our review of care records showed staff worked in line with the plan of care to make sure people received care and support safely.

Accidents and incidents were recorded and monitored to see if the risk of reoccurrence could be minimised and if a safeguarding referral was required. We saw safeguarding alerts had been made, where necessary, to the local authority.

The acting manager told us they had recognised that the follow up to accidents and incidents had not always been robust and was in the process of introducing a system to make sure any follow up was recorded. For example, they told us they were waiting to speak with a care worker about a recent incident so they could complete and sign off the report. The acting manager had already made changes to the care plan for the service user involved to reduce the risk of the incident being repeated.

There were sufficient numbers of care workers available to keep people safe. The acting manager told us staffing levels were determined by the number of people using the service and their needs. Care workers were recruited to match the long term work and new care packages were only accepted if suitable care workers were available. Details of the times people required their visits and which care workers were allocated to go to the visit were recorded. This meant care workers had been allocated enough time to complete each call and people we spoke with confirmed they received a reliable service.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before care workers started work. We spoke with two recently employed members of staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

We saw there were infection prevention policies and procedures in place. Care workers we spoke with told us they had received infection prevention training and food hygiene training and there were always supplies of gloves and aprons available at the office base for them to collect. This meant care workers knew how to reduce the risks of any infections. Most of the people we spoke with told us staff wore gloves and aprons when providing personal care and made sure they cleaned up afterwards. However one person told us they had raised issues about this with the manager. They told us staff had not always cleaned up after themselves but things were starting to improve since they had spoken with the manager about it.

We saw there was a medicines management policy and procedure in place. Care workers we spoke with told us they had medication awareness training and their competency had been assessed through direct observation. We looked at a sample of medication administration records (MAR) at the office and in one person's own home. We saw these were consistently completed which provided evidence that people had received their medicines as prescribed and at the right times.

Good

Is the service effective?

Our findings

The acting manager told us that all staff had their own portal so they could log on at any time to the computer system to gain access to the on-line staff handbook, the company's policies and procedures, the staff rota and e-learning. The acting manager said that staff could access this either through their own laptops or smart phones or could use the laptops available to them in the office. Moving and handling was delivered by the two care coordinators, both of whom were qualified to provide this training. The acting manager told us the coordinators would go out with staff to service users' homes to show them how to support people and use any equipment safely.

The acting manager told us staff completed induction training and any new staff would be completing the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The training matrix showed existing staff had qualifications in care. The acting manager explained staff were closely monitored during their six month probation period to make sure they were working to the required standard.

We spoke with two care workers who told us their induction training had been very good and they had 'shadowed' a more experienced care worker for two weeks. They explained for the first week they spent time learning how people liked to be supported; then during the second week they helped and had their practice assessed to make sure they were doing things in the right way. One person who used the service told us, "If there is a new member of staff they come with one of the 'regulars' so they can learn about what needs to be done."

We saw from the training matrix staff training was up to date or had been booked. Staff we spoke with told us the training was good and provided them with the knowledge and skills they needed to deliver care and support.

The acting manager told us during their probation period new care workers received three supervision sessions, or more if needed. Once care workers had successfully completed their probation period, supervision was arranged every six to eight weeks. The acting manager also explained if care workers needed additional support they could contact them at any time. A system was also in place to make sure staff received an annual appraisal of their performance. One care worker told us supervision sessions gave them the opportunity to discuss any training they wanted to do, any concerns they had, how to improve their practice and to talk about the care and support they were delivering to people.

Staff we spoke with all told us they felt supported. One person said, "We get a lot of support, they (senior staff team) are always there if you need them and you can ask any questions." Another person told us, "They (senior staff team) are very supportive and understand the emotional demands of the job, because they have done the job themselves. I like the Company they are genuinely caring and understand the need to support people." A third member of staff told us, "I feel supported by (the acting manager), they are very knowledgeable and very thorough."
This showed us staff were receiving appropriate training and were being supported in their various roles.

The training matrix showed staff had received training in the Mental Capacity Act 2005 (MCA) and in Deprivation of Liberty Safeguards (DoLS). We asked care staff what they did to make sure people were in agreement with the care they provided. They demonstrated a competent understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). They said they explained to people what they intended to do and asked people if they were happy for them to continue before providing support. People we spoke with who used the service confirmed this.
The acting manager told us that for people who had been assessed as nutritionally at risk, they would keep records of the person's dietary intake so that when the records were audited they would be able to see if the person was receiving the nutrition they needed to maintain their health. They told us they would involve other health care professionals if they had any concerns. We looked at care records for a person who was being supported in this way and saw staff had made detailed recordings of the person's nutritional intake.

Care workers we spoke with told us the action they would take should an emergency arise in relation to the deterioration in the health or well-being of someone using the service. Staff also told us there was a clear priority system in place for inclement weather such as snow, so those people who were most vulnerable would be assured of a visit.

One member of staff told us they would always inform senior staff if they had concerns about a service user's health. The acting manager told us staff would seek the intervention of healthcare professionals as needed either by contacting them themselves or by reporting the issue to senior staff who would then make the contact. The acting manager said staff worked well with the district nurses and would let them know of any concerns they had.

Good

Is the service caring?

Our findings

People who used the service told us the staff were kind and caring. One person said "The regular one is an absolute dream, she's brilliant, no complaints at all and when she is off the others are absolutely fine." Another said " Carers are wonderful, I insist on having the same girls and they send the same girls, I am very happy." A relative of a person who used the service said staff were very attentive to their relative's needs. Other people told us staff were respectful of their home, maintained their dignity and were always polite.

Two of the people we spoke with said that although all the staff were caring, they felt that continuity of care could be improved by having more consistency of carers. The acting manager told us they recognised this and said they were working towards more defined teams for the geographical areas covered by the service. Each team would be led by a care coordinator to try to ensure a more consistent approach.

All of the staff we spoke with demonstrated a caring approach to their work and understood the importance of providing care and support to people whilst respecting their independence and maintaining their privacy and dignity. They demonstrated a good knowledge of the people they supporting and knew their preferences with regard to how they liked to receive their care. We asked staff how they ensured people's privacy and dignity was maintained. One person told us, "I always make sure doors and blinds are closed and encourage people to be as independent as possible. It's about making people feel happy about themselves."

Care records included details of what was important to the person, what their interests were and how they liked to spend their time. This is important information for staff in understanding the people they are supporting, particularly where verbal communication is difficult. One person who used the service said "They know me so well, they cheer me up when I feel down."

People who used the service told us they were involved in developing their care plans and felt staff gave them the support they needing whilst taking into account their personal preferences.

Good

Is the service responsive?

Our findings

We saw care records and support plans had been developed with a person centred approach. The initial assessment of the person's needs was comprehensive and included details about the person's needs, preferences, personality, living arrangements, ethnic and cultural needs, life history and a list of people important to them. One of the care files we looked at included the name of the service users' dog. Care plans were written from the point of view of the person and included headings such as 'The name I like to be called', 'People who are important to me' and 'My interests and personality.'

The acting manager told us they received a lot of referrals from the local authority re-enablement team who support people returning home from a hospital stay. They told us they meet with the team on a weekly basis to discuss their availability to take on new clients and to discuss the needs of people ready to receive a package of care. The acting manager said a senior member of staff would always make a visit to any prospective clients to make an assessment of their needs before confirming that they would be able to provide the care they needed. The acting manager said that when people have more complex needs, staff from the service would shadow the re-enablement team to help them get to know the person and make an assessment of their needs. The acting manager told us they would not agree to provide a care package to any person if they could not be confident in having sufficient staff with the right skills to meet their needs.

We saw the information included in the care files kept at the office was up to date and reflected the current needs of the person as described within the care plans we saw in people's homes. For example we saw one care plan included information about how a person needed to be supported with their personal care needs. When we visited this person in their home we saw the arrangements for care were as described in the care plan. However, we did not see copies of care plans in either of the people's homes we visited. It is important that care plans are in place so that staff unfamiliar with the person know what actions they need to take to make sure they deliver the support the person needs safely and in the way they prefer. Neither of the people we visited raised any concerns about this and both said staff always gave the support they needed. People we spoke with on the telephone told us they did have copies of their care plans.

People told us their care staff were usually prompt in their arrival and stayed for the required length of time. People said that if staff were delayed for any reason they would let them know. However, the relative of one person who used the service and needed two staff to provide their care, told us there were sometimes issues about the two staff members not arriving at the same time. They told us this delayed the delivery of care to their relative although this was not usually by any longer than ten minutes. We saw the service used an electronic call monitoring system which meant that staff used their phones to record the times they arrived at and left people's houses. We looked at a sample of readouts from the system and saw staff had stayed for the appropriate length of time.

People told us the service was responsive. For example, one relative told us how the service responded to their need for earlier calls when their relation had hospital appointments and needed support to be ready for their transport arriving. Another person told us that staff from the office responded immediately by going to the person's home to resolve an issue which arose on Christmas Day.

People told us that staff from the office always responded to their calls or rang them back when they had left a message. We saw the service operated a '24/7/365' on call system for people who used the service and staff. This meant staff or people who used the service could speak with a senior manager at any time of day or night every day of the year. People we spoke with told us they were aware of this service but had not had need to use it.

We saw a complaints procedure was in place and details of how to raise a complaint were included in the welcome pack. People who used the service told us they would telephone the office if they had any problems. We saw a complaints log was maintained where staff recorded any concerns which had been raised together with the action taken and the outcome of the complaint. For example, we saw a complaint had been received about a missed tea time call. This had been due to an error with the staff rota. A letter of apology had been sent the same day. Two of the people we spoke with told us they had raised minor concerns with the acting manager. Both people said their concerns had been responded to very well and that the necessary improvements had been made. This showed us concerns and complaints were being recognised and responded to.

Good

Is the service well-led?

Our findings

The registered manager for this service deregistered with the Care Quality Commission in February 2016. The acting manager at the time of our visit told us the person was still working at the service but was on a phased leaving schedule until the new manager became registered. The acting manager said the previous registered manager was supporting them in getting to know the service. The acting manager told us they intended to apply to the Care Quality Commission to be registered as the manager for the service.

The provider told us in their Provider Information Return of the ways in which they review and audit the quality of the service. They told us they conduct regular spot checks to ensure the service delivered by care staff meets the needs of the service user, is compliant with their policies, is person centred and the service user is treated with dignity and respect. The acting manager told us the spot checks are carried out at a minimum of three per member of staff each year. They told us the spot checks were carried out by either the care co-ordinators, the senior care worker or by themselves. A person who used the service told us a spot check had taken place during one of their visits. They told us "They don't need to do that, my carers are brilliant, I would let them know if they weren't."

The acting manager told us a system was in place for auditing care records made during visits. They told us the medication administration records (MAR's) and monthly communication logs completed by care staff were brought into the office on a monthly basis for audit. We saw the audits of these documents picked out common themes where improvements could be made. The acting manager told us they addressed such issues as 'Hot topics' within staff meetings. Any more serious issues were addressed with the member of staff individually. We saw minutes of staff meetings where 'Hot topics' had been addressed. The acting manager told us they hold three staff meetings with the same agenda to make sure all of the staff working at the service are able to attend.

The manager told us people who use the service were asked for their opinions on the service on an annual basis. We looked at the results of the survey conducted in 2015. The survey covered areas such as how staff listen to and support people, how staff make sure people are treated with respect and dignity, how the service user is involved in the planning of their care, how reliable the staff are and how well any complaints or concerns are managed. The survey invited people to suggest any improvements they thought could be made to the service and to comment on the strengths of the service. We saw the results of the survey included an analysis of each area with both positive and negative comments made by people. The outcome of the survey was very positive overall with 19% of people rating the service as excellent, 52% rating it as very good, 19% as good and 10% rating the service as poor. The analysis of the results showed how criticisms of the service were to be addressed.

A system was in place to analyse accidents and incidents. This included making sure changes to people's care plans were made to minimise the risk of the accident reoccurring and to make sure any necessary safeguarding referrals had been made.

The acting manager told us they meet regularly with the relationship manager for the local authority to make sure that the service is providing the care and support to people in line with the funding agreement.

Staff told us they felt supported by the acting manager and two people who used the service told us they had found them to be helpful and approachable.

We asked care workers if they would recommend the service. One person said, "I would recommend it for people to use and for people to come and work." Another told us, "I would recommend it, they (senior staff team) are really nice people and caring. They bother about the staff and you want to work for them."