

## Napier Homecare Services Limited

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### 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	

### Overall summary

The inspection visit at Napier Homecare was undertaken on 20 and 22 January 2016 and was announced. 48 hours' notice of the inspection was given to ensure people who accessed the service, staff and visitors were available to talk with us.

Napier Homecare provides personal care assistance for people who live in their own homes. The service supports people living with dementia or mental health conditions, or those with physical disabilities.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (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.

# Summary of findings

At the last inspection on 17 June 2014, we found the provider was meeting all the requirements of the regulations inspected.

During this inspection, we were told people felt safe whilst being supported in their own home. One person said, "Oh yes, I feel very safe in their hands." Staff had received safeguarding training and demonstrated a good understanding of related principles.

People told us they had consistency of staff, which helped them to feel safe. They said there were enough staff to meet their requirements. All staff had completed or were in the process of undertaking the Care Certificate to underpin their skills. The management team had followed safe recruitment practices to ensure suitable personnel were employed

The registered manager had introduced new systems to ensure people's medicines were managed safely. Individuals who accessed the service told us they felt fully supported when assisted with their medication.

People we spoke with said staff were effective in meeting their needs. One person told us, "I cannot stress enough how much I could not do without them." Staff exhibited a good understanding and practice of the Mental Capacity Act (MCA) and associated Deprivation of Liberty

Safeguards (DoLS). Care records contained evidence of the person's consent to their support and people said staff checked this prior to assisting them. A relative told us, "The staff know their boundaries and what helps [my relative] and what doesn't. They never take over."

Care records we reviewed were personalised to each person's preferences. People were involved in the ongoing assessment of their care requirements. They said they had been provided with information about how to comment on their care if they chose to.

We observed staff were caring and kind when they engaged with people. They demonstrated an effective understanding of the principles of good care and maintaining people's privacy and dignity. People said staff supported them to maintain their self-determination. A staff member told us, "We are there to improve and promote the individual's independence."

People who accessed Napier told us they felt it was well managed and organised. The registered manager had completed a range of audits to ensure people's welfare was maintained. The management team sought people's views in order to assess quality assurance as a part of the ongoing development of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe whilst receiving support in their own homes. Staff had a good understanding of safeguarding procedures.

The registered manager had followed correct recruitment processes to protect people from unsuitable staff. Individuals who accessed Napier said staff met their needs in a timely and consistent manner.

The registered manager had introduced new systems to ensure people's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

The registered manager had ensured staff received training to underpin their skills and awareness.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005. People we spoke with said staff always checked for their consent before assisting them.

Good



### Is the service caring?

The service was caring.

People told us staff were kind and courteous when they were supported in their own home. Staff were knowledgeable about the principles of dignity in care.

Individuals who accessed the service said they were fully involved in their care planning.

Good



### Is the service responsive?

The service was responsive.

Care records we reviewed were personalised to each person's preferences. People were involved in the ongoing assessment of their care requirements.

Individuals who accessed Napier said staff supported them to maintain their social needs.

The provider ensured people had information in relation to commenting about their care.

Good



### Is the service well-led?

The service was well-led.

People we spoke with said Napier was organised well. Staff said the management team was supportive and accessible.

The registered manager had completed a range of audits to ensure people's welfare was maintained. The provider worked closely with the local authority in maintaining good standards of care.

Good



# Napier Homecare Services Limited

## 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 team consisted of an adult social care inspector.

Prior to our unannounced inspection on 20 and 22 January 2016, we reviewed the information we held about Napier Homecare. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who received support in their own homes. We checked safeguarding alerts, comments and concerns received about the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Before the inspection, the provider completed 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 management team had highlighted they planned to enhance staff training and improve care planning systems. They added various team meetings would be further developed to better obtain staff feedback and review the management of safeguardings.

We spoke with a range of people about this service. They included the provider, the management team, seven staff members, seven people who accessed the service and two relatives. We discussed the service with the local authority who told us they had no ongoing concerns about Napier Homecare.

We also spent time looking at records. We checked documents in relation to seven people who had received support from Napier Homecare and five staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe whilst being supported in their own homes. One person stated, "I am very safe in my own home because the staff check everything is right before they leave." Another individual added, "I feel very safe because the staff are polite and caring, which helps me feel far less stressed."

We found the registered manager had suitable arrangements to manage accidents and incidents that occurred in people's own homes. Accident logs we looked at contained details of the event and follow-up actions undertaken to reduce the risk of them reoccurring. One person told us, "They tidy up after themselves so I'm not at any risk of trips or falls."

When we discussed safeguarding and whistleblowing procedures with staff, they demonstrated a good understanding of protecting people from abuse. One staff member said, "If I had concerns I would record it and report it to the office." Another staff member told us, "If I was concerned nothing was getting done about anything I report I would ring CQC [Care Quality Commission]." We checked staff records and saw employees had received safeguarding training. This meant the registered manager had guided staff to protect people from harm or abuse.

Care records contained an assessment of people's requirements and an evaluation of any potential risks of receiving unsafe support. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks associated with, for example, heating, environmental safety, personal care, medication and nutritional support. Where specific issues were identified in relation to medication or nutrition, we noted these included actions to manage the risk. We found general risk assessments were brief and did not always contain information to guide staff to reduce the risk. We discussed this with the registered manager who assured us risk assessment processes would continue to be developed.

Staff and people who accessed Napier told us there were sufficient numbers of staff to support people and keep them safe. A staff member stated, "There is enough staff now. I have a regular colleague to support me with 'double-ups', which means we understand someone's routines and how they want to be supported." One person

explained they had consistency of carers and the management team ensured this continued when covering staff sickness or leave. The individual added, "I get regular carers, which is absolutely key to me."

We found the provider had a system in place to check attendance and agreed visit times. This involved staff logging start and end times and failsafe back-up arrangements if this did not work. People were also encouraged to give feedback if their requirements were not being met as agreed and in a timely way. The management team monitored this closely and addressed identified concerns with staff through supervision and disciplinary actions. This meant the registered manager had suitable arrangements to check staffing levels met people's agreed care packages.

We found the registered manager had safe procedures in place to ensure suitable staff were recruited. Records we reviewed included references and criminal record checks obtained from the Disclosure and Barring Service. The provider had checked gaps in staff employment history. Staff we spoke with confirmed the management team had obtained their DBS and references before they started in post.

The management team told us staff were sufficiently inducted prior to working with people. We noted new employees were required to complete the 15 standards of the Care Certificate to underpin their skills and knowledge. This was followed by three days of shadowing more experienced personnel, as well as competency checks carried out by the management team. The registered manager said, "If staff needed additional support, such as with their confidence, then we will place them on 'double-ups' until they and we were satisfied." The management team had reduced the risks of people receiving poor care through the safe induction of their staff. One staff member told us, "I undertook the Care Certificate before working with the service users, which gave me confidence because this is my first care job."

The registered manager had protected people who lived in their own homes from the unsafe management of medicines. The provider had worked transparently with the local authority to improve systems following safeguarding concerns related to medication. This included staff disciplinary, additional training and supervision, auditing systems and the development of a new policy and medication records. For example, a new error file was

## Is the service safe?

introduced where the management team had oversight of related issues. They had recorded outcomes and actions taken to manage related processes. This showed the provider acknowledged and acted upon identified concerns to maintain people's safety when they received medicines.

We observed signed documentation after prompting people to evidence medication had been taken. The staff

member told us, "I put it in a little bowl because that is how she likes it. It also reminds her to take it, but I also check she has had it before I leave." We noted staff were sufficiently trained to assist individuals with their medicines. People who accessed Napier told us they felt their medicines were safely administered. One person said, "The staff get my medication out for me and remind me to take it. They then record in my chart when I have done so."

# Is the service effective?

## Our findings

People and their representatives told us they had the same care staff to support them in their own homes. They said this consistency meant their care was provided by staff who were effective and understood their needs. One individual who accessed the service said, "I've got the same carers so I know who's coming and when. It gives me good consistency and helps me build trust." Another person stated, "They're very professional and know what they are doing. They're very good at their jobs." A relative added, "I can tell you staff are working really well. They know what they're doing and are well trained."

The registered manager told us staff were supported in their roles through a range of training methods. They recognised personnel learned in different ways and wanted to maximise their abilities to benefit people who accessed the service. This included DVDs, classroom-based presentations, external training providers and competency observations of care practices. One staff member told us, "I'm about to start my NVQ and [the management team] have booked me on a dementia course, so that's good." Another staff member said, "I'm doing my level 3 NVQ, which [the management team] are helping me with." The staff member explained the registered manager had given them time and encouragement to gain their qualification. We checked staff records and noted they were trained in, for example, basic life support, load management and the Mental Capacity Act 2005. The provider recognised the importance of maintaining good standards through training because they were ensuring all staff completed the new Care Certificate.

Staff told us they received supervision every six weeks and an annual appraisal to explore their roles and responsibilities. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. One staff member said, "I get supervision regularly. It helps me to reflect on myself and how I'm doing in my job." We looked at related records and noted staff personal development plans and competency checks were in place. These evidenced personnel were supported to consider their strengths and training needs and the registered manager had oversight of staff effectiveness. The staff member added, "We also get appraisals, which is even more self-reflective."

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 discussed the MCA with staff, who demonstrated a good understanding. One staff member said their primary responsibility was to help people understand what assistance they were about to undertake. They added, "If they don't have capacity then I ensure I am supportive and help them make any decisions." One person who accessed Napier said, "I run my own life and the staff help me to do this."

Staff had an effective awareness of the principles of consent. For example, they checked with individuals if they agreed to and understood our presence in their own homes. We observed staff consistently explained tasks and checked their consent prior to supporting them. One staff member told us, "I appreciate the need for people to consent to anything we do. I make sure I explain what I am doing and ask if it is ok before I do anything." Care records we looked at contained evidence of people's consent to their support. For example, all documentation, including care plans, risk assessments and care package records were signed and dated by the individual. One person who accessed Napier told us, "A supervisor discussed my care with me so that they understood my needs. We agreed this and I signed it and then got a copy."

Staff supported people to meet their nutritional needs and monitored them against the risks of malnutrition and dehydration. We found the registered manager had introduced a new document to guide staff to support individuals in their own homes. The reference booklet gave basic menus and information to assist people in the principles of good nutrition. One staff member stated how they supported people to eat healthily. They explained, "It is absolutely their right to eat what they want, so I would never disrespect their wishes. I would advise and encourage them though." We observed staff washed their hands before preparing meals and cleaned the individual's kitchen afterwards. They asked people what they wanted to eat and checked for any other requirements before they

## Is the service effective?

left. Training records we looked at held evidence of staff food hygiene training. One person told us, “They make sure I have everything before they go, such as checking if I need a drink or something to eat.”

Care records we reviewed held information about other healthcare services involved in people’s support. This included the healthcare professional’s contact details to keep the office up-to-date. The information also meant individuals within their own homes were made aware should they need to contact the services. Staff had recorded when people were supported to access, for

example, GPs, social services, district nurses and podiatrists. They understood the importance of good communication in assisting individuals to access other services to maintain their continuity of care. One staff member gave us examples of where they had to act because of concerns they found with people during visits. They told us they would contact the office and ring the GP or an ambulance, if necessary. The staff member added, “We have to sit with the service user until the ambulance arrives to make sure they are kept safe.”

# Is the service caring?

## Our findings

People said they were happy with their care packages and staff were caring and respectful in their approach. One person told us, "There is no need for you to check on the staff, all you need to know is that I am happy with them and that they are really good." Another individual who accessed Napier said, "My carers are excellent. I want to be relaxed, which they are good at." A relative added, "The carers are brilliant. They're so friendly and go that extra mile."

The local authority informed us a member of staff at Napier had received the carer of the year award. The awards were given in a variety of categories to highlight good practice across the nine providers the authority worked with. The panel consisted of representatives from the authority, Age UK and the Carers' Trust. The registered manager told us they were very proud their staff member won the carer of the year. They said this was because they had been nominated by people who received support and showed they were a caring service. One person who accessed Napier told us they had nominated staff for the award. They said, "I am glad it was a Napier worker who won the award. The service deserves it because they're fantastic."

We observed staff were kind and polite when they engaged with people who lived in their own homes. For example, they interacted at eye level and spoke in soft, reassuring tones. They had a clear understanding of the individual's preferred routines. We noted they safely stopped what they were doing in order to attend immediately to the person's expressed requests. One person who accessed the service told us, "They really do go above and beyond."

We discussed the principles of privacy and dignity in care with staff and found they had a good awareness. For example, a staff member told us, "Their dignity is paramount. I shut curtains and doors before I do anything. I keep their dignity by making sure they are always covered up." We observed staff were respectful when they engaged with individuals and checked their needs prior to supporting them. One staff member told us, "Just because someone has dementia, it doesn't mean they do not understand. It's extremely important I remember that and always treat them with respect." A person who accessed

Napier added, "The staff are very caring because they're very good at keeping my privacy and dignity." This showed staff had respected people's dignity through a kind and courteous approach to care.

We reviewed how people and their representatives were fully supported to be involved in their care. The registered manager told us, "Care plans are always initially discussed and agreed with the service user at their own home." They explained their records were then amended and signed by the staff member and person who received support. The management team said they understood the importance of involving people and checked their experiences of this through regular satisfaction surveys. A staff member explained, "It's about getting to know them and understanding them so that we know how they want to be supported." One person who accessed Napier told us, "The staff are my friends. They care and respect me and they treat me as an equal."

A staff member described the difficulty of involving people living with dementia in their care. They described good practice in asking the individual and explaining related support processes. The staff member stated, "It's how we try to help service users and their families to be involved as much as possible." Care records we looked at contained detailed evidence of people being involved in their care assessment, planning and review. All documentation had been signed by individuals to demonstrate their agreement. One person who accessed Napier told us, "A supervisor came out and discussed my care plan with me." This showed the registered manager had involved people in their care planning to ensure support would meet their requirements.

Care records we checked contained people's recorded preferences about how they wished to be supported. This included their preferred method of washing, door closure, what to be called and when to be supported. A staff member told us, "I encourage people to do as much as they can and check their preferences every time I do anything. That's because these can sometimes be constantly changing." Another staff member added, "I make sure I am respecting the service user's wishes and helping them to be independent." One person who accessed the service said, "They just come in and get on with my routine, which is brilliant." Staff had checked people's wishes about their support to ensure this would meet their requirements.

# Is the service responsive?

## Our findings

People and their representatives told us staff worked hard to ensure support was responsive to their needs. One person said, “They fit in with my needs and are very accommodating.” Another person added, “I’m starting to get better with Napier’s help. They’ve been great helping me to get up and about for the first time in years.” A relative added, “They respond really well to mine and my [relative’s] needs. I’m not so well so they’re organising additional support to help with meals.”

We found care files contained a variety of assessments to check people received support to meet their requirements. These included evaluations of mobility, communication, nutrition, home security and personal care. We noted care planning and risk assessment was personalised to the needs of the individual. For example, staff had recorded people’s preferences and had checked how they wished their support to be provided.

People we spoke with said their care was personalised to their needs. They said staff checked their preferences about their care and consistently offered them choice. One person said they had been supported by a staff member of the opposite gender, which made them feel uncomfortable. They added, “Although he was very good, I discussed it with the office and they have never forgotten to make sure I have had female carers ever since.”

Records were signed and dated and the management team had updated documentation to guide staff to respond to people’s requirements. Individuals had signed care records to demonstrate their involvement in and agreement to their ongoing support.

People we talked with confirmed they were involved in the ongoing assessment of their support requirements. The registered manager explained by involving individuals in their care review they could monitor support continued to meet their needs. We noted office copies of care plans were

updated to changes in documentation held at the person’s own home. The registered manager said, “All staff have laptop access for amending care plans, so that they can continue to be current.”

Staff told us they supported people in their own homes to maintain their social requirements through friendly and meaningful conversations. Individuals who accessed Napier confirmed this. For example, one person told us, “The carers don’t just come in and do their jobs. They’re very chatty and sociable, which keeps me supported with my social needs.” Care records included an assessment of the individual’s support network, such as family, neighbours and day centres. We saw other information referred to the person’s daily routines and religious and spiritual requirements. One person said, “They really go above and beyond. They really got involved in helping me pass my driving test. If it wasn’t for them I wouldn’t have the freedom I now have.”

We found the complaints policy the registered manager had in place was current. This was made available to people in the terms and conditions of their care packages and the service user guide. One staff member told us, “If someone made a complaint I would listen and give them a complaints form and explain how this should be completed. I would then inform the office.” At the time of our inspection, the management team had received eight formal complaints in the previous 12 months. We reviewed two of these and noted the registered manager had recorded responses and actions taken to manage these. We found the management team had informed people of the outcomes to their complaints within their policy timescales. One person told us, “I know how to complain, but have never needed to as it’s a good service.” The registered manager explained, “Everyone makes mistakes, but from the point of receiving a complaint we deal with it openly there and then before it escalates.” The registered manager had empowered people to comment about their care and responded to these with an open approach.

# Is the service well-led?

## Our findings

People and their representatives told us they felt Napier was well organised and were keen to continuously improve the service. One person said, “I can’t praise Napier enough. They’re a good company and I wouldn’t change to another one.” Another person added, “I have absolute trust in the staff and their managers.” A relative stated, “When I’ve had worries I have rang the manager and they get things sorted pretty quick.”

We reviewed how the registered manager supported staff and we discussed this with employees who worked at Napier. A staff member explained they had a poor experience in their previous employment, where they first started care work. Consequently, the staff member left and joined Napier. They told us, “It nearly put me off care work, but [Napier’s management team] really helped and supported me. I really enjoy care work now.” Another staff member added, “You can go to the managers any time with any problem and they treat it confidentially. I know they sort any issues out, so that’s good.”

People and their representatives were supported to feed back their experiences of care to the management team. For example, individuals were sent regular satisfaction questionnaires. This process reviewed, for example, their involvement in care planning, staff consistency, visit timing, staff attitude, dignity and staff presentation. We noted the service scored highly in all areas and had improved from the previous surveys. The forms included space for people to comment about how Napier could develop as a service. Comments seen from the last survey included “I’m happy with the service”, “My carers are very good” and “I am completely satisfied with all the carers I see.” We saw associated records included actions taken to follow-up negative feedback to improve the service.

The registered manager told us regular team meetings were not held. They said staff were updated to changes every week when they attended the office and were encouraged to feedback through supervision. One staff member told us, “We have to be in the office weekly so it gives us an opportunity to raise any issues or ideas that could make the service better.” However, the registered

manager explained regular team meetings were being planned to discuss any concerns or new ideas for service improvement. Staff and the management team worked closely together in support of individuals and regularly discussed personal care. We saw important information, such as safeguarding and medication updates, was relayed to staff through memos. They were required to sign the form once they had read and understood the details.

The management team met regularly to explore quality assurance. We found issues discussed at the last meeting included CQC updates, human resources, staff training and care packages. The registered manager further completed a range of audits to check service quality maintained people’s welfare. These included, for example, care planning and review, timings and lengths of visits, staff files, training, medication and complaints. We saw identified issues had been acted upon in order to improve the quality of the service. This showed the management team had sustained people’s care and welfare through monitoring and improvement of service quality.

We checked how the management team undertook partnership working with other agencies to promote quality assurance and best practice. They said they worked closely with the local authority in developing good standards in MCA training and medication processes. For example, the registered manager had developed an MCA training booklet to improve and test staff knowledge. The local authority had agreed with Napier to share this good practice with the other community providers they worked with. In addition, the service was required to meet local authority performance targets related to good standards of care. We found the registered manager had completed related progress reports and could evidence targets were being met.

The provider worked with the external International Organization for Standardization (ISO) to check the quality of their service. They told us they acted on identified issues to improve people’s experiences and enhance service delivery. A member of the management team said, “For example, we weren’t marking to evidence induction training was done in order to corroborate this. Now that we are, ISO have identified this as good practice.”