

Darlo Care Ltd

Home Instead East Northants

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service: Home Instead East Northants is a domiciliary care service that was providing personal care to 121 people at the time of the inspection.

Home Instead East Northants provides care to younger adults, older people and people with dementia, physical disability, sensory impairment, mental health needs, and learning disabilities or autistic spectrum disorder.

People's experience of using this service:

- A systems and processes error for booking short break care, led to care not being provided for one person. The provider had promptly reviewed systems and processes and implemented measures to minimise the risk of re-occurrence.
- People were supported by caregivers that enabled them to live their lives to the full. Caregivers were committed to providing high quality, person-centred care and often went above and beyond their usual duties to ensure people's needs were met.
- People were in control of the care they received, packages of care were tailored around people's individual needs. Caregivers respected people's choices and encouraged people to be independent.
- People were supported by caregivers that were kind and compassionate. Caregivers told us they provided care to people as if they were a member of their own family. They were proud of their work and valued by the service.
- People were supported by caregivers that had been safely recruited and had the appropriate skills and knowledge to meet their needs. People felt safe with the care they received.
- The service responded promptly to feedback from people, staff and relatives to implement changes that would enhance people's care experience.
- The provider played an active part in people's local community.

Rating at last inspection: Good (Report published 12 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service good overall, outstanding in responsive. At this inspection we found the service to be requires improvement in safe and good in responsive. The service remained good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Home Instead East Northants

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance their area of expertise was supporting and caring for an older family member in receipt of personal care.

Service and service type:

Home Instead East Northants is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults, older people, people living with dementia, physical disabilities, sensory impairments, mental health needs, and learning disabilities or autistic spectrum disorder.

Not everyone using the service receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. 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:

We gave the service 48 hours' notice of the inspection visit because we needed to ensure there was someone available to facilitate the inspection and to inform the people using the service of the inspection.

Inspection site visit activity started on 6 February 2019 and ended on 7 February 2019. We visited the office location on 6 February to see the provider, meet with caregivers; and to review care records and policies and procedures. We contacted people via telephone on 6 and 7 February 2019 and visited people in their homes on the 7 February 2019.

What we did:

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 provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We used this information to plan our inspection.

During the inspection, we spoke with 16 people who used the service and eight relatives. We also had discussions with the provider, the registered manager and 10 members of the staff team. This included five caregivers, a care scheduler, a team leader, a client services manager and two members of the marketing team.

We reviewed seven people's care records to ensure they were reflective of their care needs. We reviewed four caregiver's recruitment files, and other documents relating to the management of the service such as quality assurance checks, training records, meeting minutes and safeguarding records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse:

- A systems and processes error for booking short break care, led to one person being without care for eight days, this had an impact on the person as they became dehydrated and required medical assistance. Records showed the provider had promptly reviewed systems and processes and implemented measures to minimise the risk of re-occurrence.
- People told us they felt safe receiving care from Home Instead East Northants. One person told us, "I feel very safe. I had a fall recently and badly grazed my elbow and they [caregivers] expertly bandaged it, so I know I am safe with them looking after me."
- Safeguarding systems and processes were in place and embedded in practice.
- Caregivers knew how to recognise abuse and protect people from the risk of abuse.
- Safeguarding concerns had been appropriately reported and investigated to ensure people received safe care.
- Caregivers used the NHS safeguarding application on their mobile devices for guidance.

Assessing risk, safety monitoring and management:

- Risk assessments were comprehensive and updated as and when people's needs changed.
- The provider actively encouraged positive risk taking to enhance people's quality of life.
- People were supported to remain safe in their homes.

Staffing and recruitment:

- Records showed rotas were sent out weekly to people that requested these. Caregivers did not provide care unless they had previously been introduced to people.
- People told us caregivers arrived punctually and stayed for the agreed time. One person told us, "They are never, never late! And never missed coming either." Staff told us there was enough travel time between calls.
- Comprehensive recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable caregivers. This included seeking an enhanced disclosure and barring service (DBS) check, references and completion of risk assessments should any gaps in employment or prior convictions be identified.
- There were enough suitably trained caregivers available to meet people's needs.
- All caregivers had accessed training the provider deemed as mandatory.

Using medicines safely:

- The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Medicines systems were organised and people confirmed they received their medicines as prescribed.
- Caregivers did not give people medicines until they had been assessed as competent to do so.

Preventing and controlling infection:

- Caregivers had completed training to ensure they were up to date with the most recent infection control requirements to keep people safe and demonstrated good knowledge.
- People told us caregivers always used personal protective equipment (PPE) such as gloves and aprons when providing personal care.

Learning lessons when things go wrong:

- Incidents and accidents were appropriately reported and regularly audited. Trends were monitored to identify learning and improvements needed. One caregiver had identified a person had a skin condition. The provider liaised with staff external to the service to resolve the situation.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed before receiving care from Home Instead East Northants.
- Care and support was regularly reviewed with people and their relatives.
- People's needs were detailed in their care plans. This included support required in relation to their culture, religion, likes, dislikes and preferences.
- Caregivers applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- People could choose whether they were supported by male or female carers and express a preference for people with similar interests such as football or knitting.

Caregivers support: induction, training, skills and experience:

- People felt confident with the skills of the caregivers. One person told us, "You can tell from the way they handle me with my hoist they have the right skills and training for the job they do."
- An induction process was in place for new caregivers. This included undertaking mandatory training and shadowing more experienced caregivers until signed off as competent.
- Caregivers were not employed until they had successfully completed the induction programme. This enabled the provider to ensure they had the appropriate skills for the role.
- Caregivers received regular supervision and annual appraisals that considered their development needs and improvements for people. Support visits were undertaken to check caregivers were delivering care as planned.

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

- People were supported to maintain a balanced diet and help was available if they needed assistance to prepare meals. One person told us, "I don't eat a lot, but like a bit of fruit which they [caregivers] will get for me. They will also prepare me a sandwich or drink if I want one."
- People received a 'Stay Nourished' leaflet, this helped people identify how to eat and drink enough to keep themselves well.
- Caregivers understood the importance of ensuring people ate and drank enough to remain nourished and hydrated.

Caregivers working with other agencies to provide consistent, effective, timely care:

- People received individualised support as detailed in their care plan.
- Caregivers communicated well with other each other and worked well as a team.
- Regular reviews were undertaken with commissioning authorities to ensure Home Instead East Northants continued to meet people's needs.

Adapting service, design, decoration to meet people's needs:

- People were supported in their own homes. Caregivers supported people where needed to take care of their home environment and to address any environmental issues.
- People and their relatives were given a 'Making homes safer for older people' leaflet. This helped people identify changes they needed to make to their home to keep them safe. For example, installing grab rails in the bathroom.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to attend appointments. One person told us, "They [provider] offer me support for whatever I need and take me to the hospital and appointments if needed."
- One caregiver told us, a person had a wound on their leg. They contacted the office who co-ordinated for the district nurse to visit.
- Caregivers supported people to follow medical advice and guidance.

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

- 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".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Applications had been made where required to the Court of Protection by funding authorities as required. The provider complied with the requirements of the court orders.
- People were supported to have maximum choice and control of their lives and caregivers supported them in the least restrictive way possible; the policies and systems supported this practice. Three people told us, "They never do anything without asking me first."

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Person centred care was embedded in practice and there was a visible person-centred culture. Caregivers we spoke with were exceptionally compassionate and kind and cared for people in a way that exceeded expectations.
- At the time of the inspection one caregiver was visiting a person in hospital every day outside work hours. They had arranged for a faith leader to visit the person as per their wishes.
- Caregivers were sensitive to times when people needed caring and compassionate support. One person told us, "[Caregivers] make time to talk to me and this means a lot to me."
- Staff went the 'extra mile' to help people. People described the little things the staff did for them such as putting the bin out, washing up, hoovering and collecting medicines. One staff member told us, "I walked two miles in the snow to make sure someone had care."
- People were treated well and felt cared for. Following contact from a concerned relative, the provider arranged for a caregiver to support the person until an ambulance arrived.
- Caregivers demonstrated genuine empathy. One person told us, "The carers are all wonderful, friendly, helpful and professional." A relative told us, "[Caregivers] all have a good attitude to caring and work hard."
- People were treated equally and looked forward to caregiver visits. "One person told us, "I think [caregivers] are all excellent and I have never encountered any discrimination at all." A staff member told us, "As long as I leave and they [person] have a smile on their face, I know I have done my job."
- People and caregivers completed a 'This is me' document to find out people's personal histories, personalities, hobbies and interests. Caregivers were matched to people with similar interests. This enabled them to develop open, honest and caring relationships together. One staff member told us, "At the weekend I went to someone that likes embroidery, so do I."
- Caregivers enjoyed spending time with people. One caregiver said, "I don't class it as a job, it's my passion." Caregivers told us they cared for people as they would their own loved ones. One caregiver said, "I look after people as I would want to be looked after myself and I have very high standards."

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

- Caregivers and managers understood people's views, preferences, wishes and choices.
- Caregivers used a variety of tools to communicate with people according to their needs and found innovative and creative ways to communicate with each person using the service. One person used an electronic device to communicate. When the person was unwell caregivers adapted their approach to enable the person to communicate their needs.
- People received courtesy calls following caregiver introductions to determine whether people were happy to receive care from the caregiver. Records showed and people told us, should they decline a caregiver their choice was respected by the provider.

- All caregivers encouraged people to explore their care and support options and to seek additional advice and help where needed. People were supported to make appointments with health professionals such as opticians and dentists.
- Advocacy support was available for people that needed assistance to speak up about the service they receive.

Respecting and promoting people's privacy, dignity and independence:

- Respect for privacy and dignity was at the heart of the service's culture and values. Without exception people told us their privacy needs were respected. One person told us, "[Caregivers] close the door and curtains and make sure I am kept covered and warm when showering me."
- People felt listened to, and empowered to be independent. One person told us, "As I can only do a little at a time, they [caregivers] will coax me to try to do what I can for myself which I appreciate."
- People's needs were anticipated and signs of distress and discomfort were recognised at the earliest opportunity. Sensitive and respectful support and care was provided. One person's dementia specific care plan explained how their dementia impacted on their life. It instructed caregivers how to sensitively reduce distress. One staff member told us, "I keep calm and patient, even if I need to do the same things a few times as people have forgotten."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At the last inspection we rated Home Instead East Northants Outstanding in this area. During our inspection we found a systems and processing error had impacted on the provider's ability to provide continuity of care for one person.
- People's needs were comprehensively assessed before Home Instead East Northants provided care to people.
- People had full choice and control of who supported them. Some people were involved in the recruitment of their caregivers. One person had recruited a caregiver while socialising, they had told them "Come and join our team, we have fun." This person was successfully recruited.
- People, family and friends were fully involved in care plan reviews. People were consulted, empowered, listened to and valued. Care plans were comprehensive and considered what was important to people to ensure care was delivered in the way people wanted it. One person told us, "I do it [care plan review] with my family and them [provider]."
- Care plans were reviewed and updated as people's needs changed. One person we met with was reviewing their 'person-centred plan' with their caregiver to ensure it was current.
- People confirmed caregivers had an excellent understanding of their individual needs relating to their protected equality characteristics, values, beliefs, social and cultural diversity. We saw many examples of caregivers going the extra mile to meet people's needs. A team leader checked accessibility of venues a person wished to visit to ensure they were wheelchair accessible. They did this in their own time to ensure the person enjoyed their chosen activities free from discrimination.
- Caregivers had opportunities for learning, development and reflective practice on equality and diversity, both individually and in team meetings. This influenced how the service developed.
- The service delivered care and support in a way that met the differing needs of people and promoted equality. Caregivers received bespoke training to meet people's individual needs, such as abdominal massage to support with the management of constipation.
- Staff we spoke with told us how important it was to get to know people and to improve their quality of life. Where people wished to access social activities during time with their caregivers, these requests were always met. People lived active and fulfilled lives with support. We saw examples of people going shopping; to the pub; skiing; ice-skating; shopping; theatre; bowling and to a remembrance parade.
- One person attended an epilepsy awareness training session with their caregivers. This was supported by the provider to improve the persons knowledge of their condition, share their experience and to make suggestions regarding care to caregivers.
- The provider changed the location of a regular companionship café they organised to enable a person in temporary accommodation to meet with their friends.
- The service had gone the extra mile to find out what people have done in the past and worked hard to help people achieve their hopes and dreams. It was important to one person to cook a meal for their spouse on

return from work, however they had not been able to do so. The provider ensured the person's care plan reflected the support they needed to prepare and cook regular meals. This had a positive impact on their self-esteem and independence.

- Steps were taken to meet people's information and communication needs to comply with the Accessible Information Standard. People's individual communication needs had been comprehensively assessed and detailed in their care plans and risk assessments.
- Staff knew people's individual communication needs well. One person used objects of reference to support their communication. These are real objects used to represent an item, activity or place and are used for people who find it difficult to understand spoken words, signs, symbols or photographs.
- One person's care plan was printed in large print to make it accessible to them.
- People were involved in decisions about how technology could be used. On the day of our inspection one person had chosen not to utilise their communication device. The caregiver adapted the way they supported the person to communicate to enable them to speak with us.

Improving care quality in response to complaints or concerns:

- People, relatives and staff knew how to complain to the service and felt confident concerns would be addressed.
- All minor concerns were recorded and reviewed by the registered manager to ensure they were promptly addressed and learning was identified. Investigations into formal complaints were comprehensive and people and their relatives were kept informed of the outcome.
- The service demonstrated where improvements had been made because of learning.

End of life care and support:

- When people reached the end of their lives, Home Instead East Northants liaised with the person, their relatives and professionals to determine their wishes for end of life care.
- There was a rapid response to people's changing care needs. At the time of the inspection the provider was commencing a 24-hour care package to prevent a person going to hospital.
- Staff knew what to do in the event of someone not showing signs of life.
- The registered manager told us people would be supported with their religious beliefs and practices as they reached the end of their life.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- A systems and processes error for booking short break care, led to one person being without care for eight days. The provider showed genuine remorse with regards to this incident and arranged to promptly meet with the relatives and implement systems and processes to minimise the risk of re-occurrence. We found the provider met Duty of Candour requirements, addressed performance issues and utilised the learning to bring about immediate changes to systems and processes that were embedded in practice.
- The provider's vision was to provide high quality and personalised support for people living in their own home. Person centred care was embedded in practice. People, relatives and caregivers told us they received personalised care.
- Caregivers told us they treated people as they would wish to be treated. One caregiver told us, "I treat people as though they are a family member."
- The provider consulted people for feedback at every point in their care journey to ensure care was tailored to their individual needs.
- Caregivers were proud of their work and felt valued. Caregiver awards recognised when they had gone 'over and above' for people. One caregiver told us, "I was humbled to get the caregiver of the year award."
- There was an organisational commitment to ensure equality and inclusion across the workforce. We found a high level of satisfaction across all caregivers and heard comments such as, "I love my job;" "I would, and have recommended Home Instead East Northants;" and "This is not like a job, [name] is my friend."
- We saw compliments from people and relatives such as, "Thank you for making my special 100th birthday, and cake;" and "Home instead East Northants are the best care company we have had, staff are reliable and helpful."

Managers and caregivers being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Comprehensive quality assurance systems were in place including internal and external audits. These enabled the provider to monitor performance and identify areas requiring improvements.
- People and relatives completed annual surveys and provided feedback via an external website. People had rated the service 9.6 out of 10.
- Caregivers told us they felt well supported by the management team and received feedback regarding their practice.
- Caregivers were equipped with the skills they needed for their role. The provider took pride in recruiting caregivers with empathy and nurturing qualities and a caring and respectful approach.
- Caregivers felt supported by the management team and told us, "The support here is second to none;"

"They [management team] check I am ok, and will adjust my work if I have too much on;" and "I don't feel I am a number, everyone knows your name. We are part of a team working together for a better goal."

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

- People were regularly consulted about their care.
- People's equality characteristics were considered during the pre-assessment and were fully reflected throughout people's care plans. Caregivers religious and cultural beliefs were supported, with the provider being flexible to accommodate their working hours around these.
- The provider had made links with local supermarkets and businesses. Companionship cafes, a memory café, a friendship group, older persons drop-in, dementia information days, and older person support days had been co-ordinated by the provider to take place in community settings. These were accessible to everyone, very well attended and valued by the local community.
- A dementia support event was held for relatives and guidance had been produced for relatives caring for a loved one with dementia to enhance the care people received from their relatives.
- The provider had undertaken training for local businesses on dementia awareness to support the local community to be more dementia friendly.

Continuous learning and improving care:

- There was a strong emphasis on continuous improvement. The management team reviewed feedback to make improvements to people's care experience. For example, staffing the office over the weekend to make the service more accessible for people.
- Learning from concerns and incidents was a key contributor to continuous improvement.
- The registered manager regularly reviewed and updated an improvement plan. The need for more robust recording of medicines administration had been identified and was due to be implemented via an electronic system.
- Team meetings took place monthly.

Working in partnership with others:

- We saw examples of the service working in partnership with other agencies to build seamless experiences for people based on good practice and people's preferences. The service had developed positive relationships with key professionals involved in people's care and worked closely with GP's, district nurses, commissioning authorities, physiotherapists and community learning disability nurses as needed.
- The service had joined with Northamptonshire sports and an assisted living home to set up 'Get up and go' sessions. This was a falls prevention programme to support people to keep their independence and could be accessed by anyone in the community.
- The provider produced a 'What's on guide' for people receiving care from Home Instead East Northants, so they knew what was happening in their local area.