

R & JW Care Ltd

# HomeInstead Senior Care Northampton

## Inspection report

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14 November 2017

15 November 2017

16 November 2017

17 November 2017

20 November 2017

21 November 2017

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Home Instead Senior Care Northampton is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

Not everyone using Home Instead Senior Care Northampton receives 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. At the time of our inspection, 55 people were receiving personal care.

This inspection took place on the 14,15,16,17, 20 and 21 November 2017. We had previously inspected this service in December 2015, at that inspection the services was rated 'Good'. We found that at this inspection the service had remained 'Good' but that there were areas which we saw continued improvement and have rated the service overall as 'Outstanding.'

There was a registered manager. A registered manager is a person who has registered with the 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.

The service demonstrated an excellent commitment to providing outstanding care, which put people at the heart of everything. The provider and registered manager led the staff to deliver person centered care, which had achieved consistently outstanding outcomes for people. People were at the heart of everything

Staff continuously went the 'extra mile' to ensure that people remained living in the comfort of their own home. They respected people's individuality and empowered people to express their wishes and make choices for themselves. Positive therapeutic relationships had been developed and staff were proud of the support that they had provided to people and the positive outcomes they had observed.

There was a very effective system of quality assurance led by the provider and registered manager that ensured people consistently received exceptional care and support. The people receiving care from Home Instead Senior Care Northampton had an enhanced sense of well-being and quality of life because staff worked innovatively to enable people to have meaningful experiences and not to feel isolated and alone.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals to the Court of Protection if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.

Staff demonstrated the provider's values of offering person centred care that respected people as individuals in all of their interactions with people. People and their relatives consistently told us that the service provided exceptional care to people. People could be assured that they would be supported by

sufficient numbers of staff who they knew. Records showed that people received consistent care in the way they needed to maintain their safety.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. People experienced caring relationships with staff and good interaction was evident.

Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. Care plans contained risk assessments which gave detailed instructions to staff as to how to mitigate risks; these enabled and empowered people to live as independent a life as possible safely.

There were appropriate recruitment processes in place and people felt safe in their homes. Staff were supported through regular supervisions and undertook training which helped them to understand the needs of the people they were supporting.

The provider was not only committed to providing the most trusted and respected home care service in Northampton but also to work alongside other agencies to 'change the Face of Ageing'.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People were supported by staff who were very caring and passionate about enabling people to live as independently as possible in their own homes.

Staff continually strived to provide individualised person centred care and ensured that people's privacy and dignity was protected.

People had control of their lives and were empowered to express their choices and wishes.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The registered manager and provider put people at the heart of everything and were proactive in seeking people's views and experience of their care and support; this enabled them to continually look at ways to improve the service and enhance people's experience.

There was a culture of openness and transparency; the registered manager continually encouraged and supported the staff to provide the best possible person centred care and experience for people and their families.

People could be assured that the quality assurance systems in

place were effective and any shortfalls found were quickly addressed; there was a constant strive to ensure that standards were maintained.□

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# HomeInstead Senior Care Northampton

## **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.

This announced inspection took place on 14, 15,16,17,20 and 21 November 2017 and was undertaken by one inspector 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. The provider was given 24 hours' notice because we needed to ensure someone was available to facilitate the inspection.

Before the 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 provider completed and returned the PIR in October 2017 and we took this into account when we made judgments in this report. In addition we reviewed the information we held about the service including statutory notifications and any safeguarding referrals raised. A notification is information about important events which the provider is required to send us by law.

We sent out questionnaires to people using the service, staff and health professionals to gather feedback and we also contacted Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

During the inspection we visited three people in their own home and spoke to 16 people on the telephone. We also spoke to 10 staff which included three caregivers, three senior caregivers, an administrator, and the head of caregiver experience, the head of client experience, the registered manager and the provider. We also spoke to three relatives.

We reviewed the care records of three people and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People told us they felt safe in their homes with the people who supported them. One person said "I feel safe and at ease with all the caregivers; they are considerate in the house. They call on time. There's just the three who call and I'm very happy how they cover days off so I don't have any strangers calling." Another person said "I'm very safe and very happy with Home Instead, everything's fine, no problems at all. My daughter would let you (Care Quality Commission) or let the service know if it was ever not right."

The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. Staff were confident that if they had any concerns the provider and the registered manager would take the appropriate action. One staff member said "If I had any concerns I would just speak to [Name of registered manager] or [name of provider]." We saw that where any issues around safeguarding had been raised the registered manager had taken the appropriate steps. Notifications had been received by the Local Authority and Care Quality Commission; any safeguarding investigations undertaken had been completed in a timely way and action taken.

People received care from a highly motivated team of staff who strived to provide consistent safe care and support. Risks to people had been assessed; we saw that care plans and risk assessments were in place and regularly reviewed. Staff were able to describe to us how they provided the care and support people needed to keep them safe. Care records included clear instructions to staff as to how many staff were needed to provide support to individuals and what equipment was needed.

The recruitment process ensured staff were suitable for their role and staffing levels were responsive to people's individual needs. People told us they received care and support from regular staff who knew them well and arrived on time. We confirmed with the registered manager that the same team of caregivers supported individuals. One relative told us that one of the best things about Home Instead was that they had consistent caregivers who knew and understood their loved one.

People could be assured that they received their prescribed medicines on time. The medicines management system in place was clear and consistently followed. People told us they received their medicines on time and records confirmed that medicines were administered correctly and within the agreed timescales. One person said "They help me with my tablets and it's all recorded so we know what I have had."

Lessons were learnt and improvements had been made when things went wrong. The provider and the registered manager closely monitored the service and took action to address issues when needed. For example changes had been made to the process around data protection following a concern raised that personal information had been shared.

## Is the service effective?

### Our findings

People received care from staff that had the skills and knowledge to support them. Staff training was relevant to their role and equipped them with the skills they needed to support people living in their own homes. Staff spoke very positively about the training they had received both as they started to work for Home Instead and the on-going training provided. One member of staff said, "The training is very good; I was new to care work. I have done more training since I started which has included end of life care." Staff told us they were encouraged to undertake further training to enhance their skills and knowledge.

All staff had regular supervision and appraisals; one staff member said, "We have a 1:1 at least every three months which is very helpful and 'spot checks' are made so you know if you are doing things properly."

People were encouraged to make decisions about their care and their day-to-day routines and preferences. One person told us "They've [Home Instead] been helping me for over a year and they went through my care plan. They do my meals and it's my choice what I have them prepare and they ask me what I'd like. It's done nicely."

The registered manager undertook detailed assessments of people's needs prior to agreeing a service. Following an initial enquiry, the registered manager would meet with the person to discuss their needs and how they would like their care and support delivered. This ensured that the service provided met the person's individual needs and took into account both their physical and mental well-being as well as their cultural needs. Advice was sought from other health professionals when needed and where appropriate a member of the family or advocate was involved to help the person express their requirements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection. Applications had been made to the Court of Protection where people were being deprived of their liberty in their best interests. People's capacity to consent to their care and support had been assessed by the provider, their relatives and the professionals involved in coordinating their care. Staff sought people's consent when supporting people with day-to-day tasks.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. One relative said "The caregiver pointed out a mark and we kept an eye on it in case we needed to get the GP out; they were looking out as well."

## Is the service caring?

### Our findings

People and their families, without exception, were very happy with the staff and the care and support people received. People expressed how well cared for they were and how kind, caring and polite the staff were. One person said, "They [the staff] are very good; no one could be better." Another person said, "They are very good. All the carers are very friendly and they are here for me; they will always have a chat." A relative said, "This is the third company we've used and they are the best we have had." Another relative said, "I don't know how we could manage without them, they are so patient and sensitive to [Name of relative] needs, and they are not rushed."

The staff knew people well and spoke of them as extended family members. One member of staff said, "We are given the opportunity to get to know people and their families, Home Instead, want to make sure that the person is at the centre of what we do and we spend time with people. I would not want to work anywhere else." People confirmed that staff knew them well and were empathetic to their needs. For example, one relative told us, "[Name of relative] needs encouraging at times; [Name of caregiver] knows how to talk to him and how to approach things with him. This has meant he has progressed well and continues to improve."

People were actively involved with their care and felt listened to. One person said, "They provide wonderful support; when my care and support was set up we went through it all together and agreed what I needed. The office staff will ring and check up with me if everything is okay." On a day-to-day basis, people were able to express their views. One person said, "They always ask me if I need anything else and I can just tell them what I need that day."

If people were unable to express themselves the service actively looked at ways to empower people to share their views and express their wishes. For example, the service had worked with one family to enable the caregivers to learn and understand the way a person with limited communication skills expressed themselves. The caregivers learnt Makaton, a form of sign language, which was used by the person and now use a specialist programme, designed for people with learning disabilities, which was installed on the person's iPad. This had ensured that the person was actively involved in their care. Another example was a communication book which had been put in place for a person with a hearing difficulty; this had enabled the person to communicate in their preferred method and feel in control of their care needs.

We saw examples of where the service had gone the 'extra mile' to provide person-centered care for individuals. For example, one caregiver had taken time to carry out research into strokes to enable them to better understand the people they worked with who had survived strokes. The caregiver told us "I had not fully appreciated how strokes affected people so differently; you need to adapt your approach to the individual." Another example related to a person for whom English was not their first language. The registered manager had prepared cards with questions on in their language and the caregiver's had taken time to learn a few phrases of the person's language to help put them at ease.

The staff team were reliable and consistent. The provider and registered manager were committed to

ensuring that they had the right staff with the right approach and understanding to meet people's individual needs. Time was taken to match caregivers with people who had similar interests and nature. For example, one person who had a love of cats was matched with a caregiver who also loved cats. The caregiver told us "I have cats so we are able to chat about our cats together; it helps you to get a rapport with people."

People had a core group of caregivers that they saw regularly and this further facilitated people and staff to develop caring relationships and provided companionship. Staff readily volunteered to cover extra shifts if needed to ensure that people knew the staff that supported them. The registered manager was proud of the fact that they had never needed to use staff from an agency to cover, which had ensured that consistent care and support was maintained.

The service worked closely with relatives and often provided support to them too. One relative said "We were under so much pressure before but now the caregivers have taken time to get to know [relative] they are more relaxed which means we get more respite; they have helped us all." We saw an example where the registered manager had provided training in manual handling to members of one family who wanted to be able to provide the care and support their relative needed safely. The caregivers and the family members worked closely together to provide consistent and safe care to the person. The person told us they were very happy with the care they received. The relative commented this was the only agency which offered them the training and said it had worked really well. They said, "The caregivers lead and the family follow, it works well." This resulted in the person being able to stay in their own home and have the care and support at the times they wanted.

There was a person centred approach to everything the service offered and people were treated with dignity and respect. Protecting people's dignity and providing a service which respected people as individuals was at the heart of the service. A Dignity Champion had been identified who was responsible for ensuring that all staff understood how to maintain people's dignity and respect their wishes.

People were supported to maintain their privacy when they were unable to do so independently. Staff described to us how they protected people's dignity. They spoke about keeping blinds and curtains closed to ensure no one was overlooked, shutting doors and ensuring if any visitors were there that they left the area where personal care needed to be undertaken.

People consistently told us that they were treated with respect and their dignity was protected. One person said "My wash is done properly with dignity." A relative said, "The caregivers are always aware of [relative] dignity, they place towels over them and they are all very polite and respectful."

The service went the 'extra mile' to ensure that people felt valued and cared for. One person told us about being given flowers on their birthday. Other people commented about how the staff did the little things which just helped, for example, putting the rubbish out, opening curtains and putting the lights on in the house for them. We read a thank you card from one family 'Thank you so much for the lovely bouquet of flowers you sent [Relative] on their 90th Birthday, it was a lovely thing to do and we were all touched by your thoughtfulness.'

People had access to an advocate to support their choice, independence and control of their care. The people currently using the service all had a supportive relative that was fully involved in their care. The registered manager had a good understanding of when people may need additional independent support from an advocate and a local advocacy had been contacted to provide support for one person. An advocate is an independent person who can help support people to express their views and understand their rights.

## Is the service responsive?

### Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and detailed care plans had been developed with people and where appropriate their relatives. One relative said "At first it was set up for just one visit a day but we quickly needed two and they sorted the second visit there within 12 hours. It's just what [relative] needs and they get a quality service. We get someone who does it all and they don't rush [relative] or their tasks. They will do whatever they can."

Staff knew people very well; they understood the person's background and knew what care and support they needed. People received care for a minimum of an hour at a time which gave them and the care staff the opportunity to get to know each other. Everyone we spoke to commented how important it was to them that the care staff had the time to support them, they did not feel rushed and they consistently had the same care staff. One relative told us "I don't know what I would do without them; [Relative] will always do their exercises with [Name of care staff] which has helped them progress." The staff member told us "You get to know people and their families well; we sing with [name of person] as they have a shower which helps them with their vocal exercises, they like 60's music."

People were supported to follow their interests and take part in social activities. For example, one person was supported to attend a local gym and swimming pool each week which helped them in their recovery from a stroke. Staff who enjoyed crafts and lace-making were identified to support a person whose hobbies included sewing, knitting and lace-making.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be carefully considered. There was information about how to complain which was available in various formats such as large print for people with visual impairments. People and their families knew the registered manager and the staff within the office and would contact them if they had any concerns.

There was a system in place to record and monitor any feedback the service received and appropriate action was taken when necessary. One person said "If you aren't happy about anything they put it right, they are very good."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information had been adapted to meet the needs of individuals; for example information about the service had been made available in large print for someone with a visual impairment and their care plan had been written in large print.

## Is the service well-led?

### Our findings

Home Instead Senior Care Northampton was led by a provider and registered manager who strived to put the needs of older people at the forefront of everything they did. The values and aims of the service were clear. All staff, without exception, understood their roles and worked hard to provide the care and support people needed to live their lives as independently as possible in the comfort of their own home.

The provider had a clear vision to provide the care that you would want for your own family member. Person centred care was at the heart of everything. The service provided was tailored around the needs of the individual. One relative told us "It's excellent and is very right for [relative] need; it fits both our needs and is just enough; they are never rushed and they find out what [relative] wants or when; they cater for them and how they feel." A member of staff said, "The best thing about working here is that you spend time with people and get to know them."

People and staff felt listened to. One relative told us "You know if you call [name of registered manager] or anyone in the office they will listen and deal with things for you; we asked for a change in caregiver, they had not done anything wrong but just didn't seem to gel with [Relative], this was dealt with straight away, no problem." A member of staff said, "Funding had been withdrawn from one person who normally had two people to assist; when I visited I could see I could not manage, as soon as I rang the office they sent someone out and the care package has been reviewed."

The provider ensured that service development was based around the feedback they received from both the people using the service and staff. There was a communication book in each person's home which ensured that the caregivers could share information with each other to continuously improve the service for the person. One staff member said "We have a communication book so we can record what is happening and anything that works well for the person; some of the things recorded have led to a change in the care plan. We will also meet as a small team of the caregivers for a person and share ideas which help us all to deliver the service the person wants."

We read a comment from one family which showed us how valued meetings with staff and relatives were in providing the best service for an individual. 'The special meeting held recently with all [relative's] carers as well as managers to discuss changes in needs was especially appreciated; both carers and managers took their own time to work closely with the family and make sure [Relative] is well looked after. A true partnership within Home Instead; such careful, loving carers make all the difference to help the family relax.'

Regular staff meetings were held and staff spoke positively about having the opportunity within those meetings to raise issues and ideas. The staff spoke of feeling cared for by the provider which led to a positive team spirit and a happy workforce. Without exception the staff said they would not wish to work anywhere else and would use the service personally if ever they needed to. The provider regularly recognised staff achievements by sending thank you cards and flowers to staff in recognition of the work they had undertaken.

The provider had recognised that some staff whose first language was not English struggled at times to document notes and communicate the information they received with other caregivers. They devised a 'dummy clients log' using both the person's first language and its English interpretation. This had helped the caregiver improve their written English. The provider recognised that there was a need to adapt information to meet the different styles of communication to meet the needs of a diverse staff team.

There was an open and transparent culture. People, staff and families were kept informed about how the service was developing and the provider ensured that any learning from complaints or experiences was shared. Staff were empowered to raise concerns themselves.

The provider was innovative in the ways of communicating with the staff to ensure they were kept up to date with what was going on across the organisation and enabled staff to feedback their suggestions, ideas and concerns.

Staff received a monthly newsletter which included general information and celebrated achievements. A survey was sent out each year to staff enabling them to comment about their training and support and how they felt the work place could be better for them. The registered manager told us that, as a result of the last survey, changes had been made to the management of the office to address some of the issues raised around holiday approval and travel time schedules. It was clear the provider was committed to ensuring staff felt connected to the organisation, particularly as their role could be quite isolated. Staff felt informed and involved.

There were quality assurance systems in place and a programme of audits which were undertaken by the registered manager and other staff within the office. This included 'spot checks' of caregivers to ensure they were undertaking their duties correctly and gave the people receiving the service an opportunity to give their feedback. Regular audits were undertaken around care plans and medicine administration. In addition the provider monitored the service through monthly meetings with the registered manager where they would agree action plans to continuously look at service development and improvement.

Staff development was key to ensuring that the aim of the service, i.e. to 'change the Face of Ageing' was understood and developed. Through regular supervision and appraisals, staff were encouraged to look at the goals, the reality, the options and the will (G.R.O.W) to motivate and empower the workforce to embrace change and develop the service and care of an ageing population.

The provider ensured that the service kept up to date with the current best practices and innovative ways to support people. The organisation worked closely with Alzheimer's International and provided information for people caring for people with Alzheimer's. They looked at ways to raise awareness of the needs of older people, raising money for other local organisations such as the Venton Centre in Northampton, which provides a day service to older people.

The leadership of Home Instead Senior Care Northampton showed a clear commitment to providing a good quality service, which ensured that people could continue to live within the comfort of their own home. People were at the heart of everything they did and they continuously looked at ways to raise the awareness of the needs of older people within the community.