

Northants Community Care Limited

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Inspection report

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07 May 2019

08 May 2019

09 May 2019

10 May 2019

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04 June 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Northants Community Care Limited is a domiciliary care agency that was providing personal care to people aged 18 and over in their own homes in the community. At the time of the inspection 27 people were using the service

People's experience of using this service:

People were happy with the care and support they received; they had developed positive relationships with staff.

Staff were described as nice, pleasant, friendly and caring. Nearly always on time and happy to spend time with people.

People were treated with respect, kindness, dignity and compassion. They had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with their personal preferences.

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

People were protected from the risk of harm and received their prescribed medicines safely.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

Staff had access to the support, supervision and training that they required to work effectively in their roles.

People were supported to maintain good health and nutrition and were assisted to access other health professionals when needed.

Information was provided to people in an accessible format to enable them to make decisions about their care and support.

People knew how to raise a concern or make a complaint and there was an effective system in place to manage any complaints received.

The service had a positive ethos and an open culture. The registered manager and provider were approachable, understood the needs of people, and listened to people, staff and relatives.

There were effective systems in place to monitor the quality of the service and drive improvements.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires Improvement (report published 22 May 2018)

Why we inspected: This was a scheduled inspection based on the rating at the last inspection.

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 safe

Details are in our Safe findings below.

Good ●

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 ●

Northants Community Care Limited

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:

This inspection was carried out by one inspector supported by two assistant inspectors.

Service and service type:

Northants Community Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults.

Not everyone using the service 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 consider any wider social care provided.

The service had a manager registered with the CQC. 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 gain information about the people using the service and staff to contact them prior to the office visit.

Inspection site visit activity started on 3 May 2019 and ended on 10 May 2019. We visited the office location

on 9 May to see the registered manager and office staff; and to review care records and policies and procedures. We made telephone calls to people using the service, relatives and staff on 3,7,8 and 10 May.

What we did:

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support the people receive.

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.

During the inspection, we spoke with six people who used the service and three relatives. We also had discussions with 10 members of staff that included six care staff, a care co-ordinator, a team leader, the registered manager and the provider.

We looked at the care records of three people who used the service, we observed information on display around the service such as information about safeguarding and training. We also looked at records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- At the last inspection in April 2018 we found that people could not always be assured that they were cared for safely as assessments of risk had not always been undertaken. At this inspection we saw that improvements had been made and sustained.
- Risks to people, such as a risk of falling had been assessed and risk management plans were in place which provided staff with the information they needed to keep people safe.
- Staff confirmed the information was enough and said if more information was needed they would speak to someone in the office.
- Environmental risk assessments of people's homes had been undertaken which ensured the home was safe and free from hazards for both the person and staff.

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

- People were cared for safely. One person said, "Everyone is very nice and pleasant. I feel safe and secure in my home." A relative said, "I always feel [relative] is safe."
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures in place for them to follow.
- Staff were confident if they had any concerns the registered manager would respond appropriately to them. One member of staff said, "[Registered manager] is always there if you need her."
- The registered manager understood their responsibilities to keep people safe and knew to raise any concerns with the local authority and notify the Care Quality Commission as required.

Staffing and recruitment:

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the service.
- People told us there was enough staff to meet their needs and knew the staff who supported them. One person said, "I usually have the same carer, they come near or on time."

Using medicines safely:

- Medicines were managed safely. One person said, "I usually take my own medicines, but [name of care staff] knows if I get stressed they need to remind me to take my medicines and supports me to take them."
- Staff had received training and their competencies were tested regularly.
- Audits of medicine administration were undertaken which ensured any shortfalls were addressed quickly.

Preventing and controlling infection:

- People were protected by the prevention and control of infection. One person said, "Staff wear gloves and they change them when they do my eyedrops, they are very good about that."
- Staff were trained in infection control and there was a policy and procedure in place which staff could access.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

Learning lessons when things go wrong:

- Accidents and Incidents were monitored, and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff and plans put in place to ensure similar incidents did not happen again. For example, when a person had shown their unhappiness with care staff, the decision was taken to change care staff and monitor.

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 fully assessed before any care was agreed and delivered. This ensured that there was sufficiently trained staff to provide the care and support required.
- The registered manager visited people to discuss their needs and preferences and liaised with other health and social care professionals to ensure they had a full understanding of people's needs. A health professional told us how well the service had worked with them to develop a practical approach to support a person with varying needs.
- People and their families were involved in developing their care plan. The plans included people's communication needs, their preferences, likes and dislikes and cultural needs.

Staff support: induction, training, skills and experience:

- People received effective care from staff that had the knowledge and skills to carry out their roles and responsibilities.
- People told us staff were well trained. A relative said, "Staff know what they are doing, [relative] is very happy with them."
- Staff training was based on current legislation and best practice, which ensured staff provided safe care and treatment to people. This included safeguarding training, infection control, dignity and respect and moving and handling.
- Staff were happy with the training and support they received. One said, "I am happy with the training I have received, and I am happy to ask [registered manager] for any more training if I felt I needed or wanted it."
- New staff undertook a thorough induction which included classroom-based training, online training and shadowing more experienced staff.
- Staff were supported through regular supervisions and 'spot check' visits to observe their practice. Appraisals were undertaken, and staff were encouraged to complete their own portfolio detailing their training, skills and areas for development.

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

- People were supported to eat and drink when required. Staff were aware of the need to refer people to other professionals such as a dietitian if they had any concerns.
- Information was recorded in care plans as to what support people required in relation to eating and drinking. For example, we read in one person's care plan staff were instructed to encourage the person to eat fruit or low sugar snacks to help manage their diabetes.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care:

- People were supported to live healthier lives and were supported to maintain good health.
- Staff knew the procedure to follow if they found a person needed urgent medical assistance.
- Records were kept of any involvement of other health and social care professionals, such as GPs, district nurses and social workers.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.
- The registered manager confirmed no people using the service were currently subject to any restrictions to their liberty under the Court of Protection.
- The registered manager was aware of their responsibilities in relation to the MCA and had recently requested support from the local authority for someone who may lack the capacity to make decisions for them self.
- People's consent was sought prior to any care being delivered and people had completed consent forms.

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 were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well cared for. They described staff as nice, pleasant and caring. One person said, "Everyone is very nice, and always ask me if there is anything else they can do." A relative told us, "At times they [staff] have gone beyond to help [relative]."
- Care plans detailed people's cultural background. We saw from the information the provider had given us that when possible staff who spoke a second language were available to support people who shared the same language.
- People were supported by a regular set of staff who had the time to spend with them and had built up positive relationships with people. One person said, "I know all the care staff, we have a good chat and they are always more or less on time."

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

- People were involved with planning their care. One person said, "I work and plan with my care worker, they understand me and help me to make decisions." A relative said, "We met with [registered manager] and put the care plan together, we review it together and any changes needed are made."
- People were listened to. People told us if they needed to change the time of a visit or needed assistance to go to a hospital appointment changes were made, and their request accommodated. One person said, "They [staff] are so helpful."
- The registered manager was aware of the need for people's voice to be heard so ensured people had access to an advocate if they needed to have someone to help them speak up about their care. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

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

- People's privacy was respected, and their dignity maintained. One person said, "I am treated with respect, I would soon tell them [staff] if they didn't; I am used to them [staff] and they make me feel comfortable."
- Staff described to us how they maintained people's dignity and knew not to speak about people outside of the home. One care staff said, "I always ask people first and encourage them to do as much for themselves as possible. I make sure the curtains are closed and keep them covered up as much as possible."
- People remained in control of their care and were encouraged to be as independent as possible. One person said, "I am helped with things but encouraged to do things for myself."
- Care records were kept securely, and confidentiality maintained.

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:

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.
- People told us they were listened to and staff supported them in the way they preferred. One person said, "I have a social call once a week and I decide whether we go out somewhere or just stay in and have a chat, It's my choice."
- People's communication needs were identified and recorded in care plans. These needs were shared appropriately with others. One person told us that they had worked closely with their care worker and developed strategies around the best way of communicating information. The person said, "Because of the flexible approach we have taken I feel more able to communicate."

Improving care quality in response to complaints or concerns:

- People knew who to speak with if they were unhappy and wished to make a complaint. A relative said, "I did have a complaint, [registered manager] was very responsive and I was happy the issue was quickly dealt with. I have had no complaints since."
- There was a complaints procedure in place which was also made accessible to meet people's individual communication needs.
- We saw that when complaints had been made the registered manager had responded appropriately and the outcome shared with staff to make sure a similar situation did not arise again.

End of life care and support:

- There was no end of life care being delivered at the time of the inspection. However, the registered manager told us that they had begun to discuss with people about having advanced care plans in place. This would ensure family and staff were aware of any specific wishes people may have.

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.

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

- At the last inspection in April 2018, we found that there had been a breach in regulation as the provider had not always notified the Care Quality Commission of incidents they were required to. At this inspection we saw that the provider had submitted notifications as required.
- The registered manager had notified CQC about events they were required to by law and we saw that the provider had displayed the last inspection rating on their website as required.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the registered manager. They had supervisions and attended regular staff meetings. One member of staff said, "I can always ask if I don't understand anything, I love my job, the people and staff I work with."
- Staff meeting minutes confirmed that staff were able to raise concerns and make suggestions as to how the service could be improved.
- There were effective systems in place to monitor the quality and standard of the service. The provider had established audits in place relating to the running of the service. These included care records, staff training and medicine administration.

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

- People were at the centre of everything the service did; the registered manager ensured that people were involved with their care and that staff understood the need to treat people as individuals and respect their wishes.
- Staff understood the principles of providing person-centred care. One said, "We value what people feel and say".
- The provider and registered manager were focussed on providing the support and care people required to meet their individual needs and promote their independence and choices as to how they lived their lives. For example, ensuring people had support from staff who they felt confident with and able to build trust in them.
- The registered manager ensured that people and their families were involved with their care. One relative said, "[Registered manager] is approachable and very responsive to any concerns and incidents with [relative], they have provided staff on days we would not normally have when we couldn't support."
- The registered manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People and their families were sent surveys to gather their feedback about the service. We read a number of comments from a recent survey which included, 'I can't find the words to say how we appreciate the service we get from our carer. I don't know what we would do without her she not only goes the extra mile but ten' and 'The girls[staff] are amazing.'
- The registered manager had revised the questionnaires sent to people to make it easier for them to complete. This meant that the number of completed questionnaires returned had increased.
- Staff were supported to access the training they needed in a way which supported their communication needs. They were encouraged to develop their skills and build on their experiences.

Continuous learning and improving care:

- The registered manager continuously looked at ways to engage with other professionals to share experiences and best practice. They attended manager's forums for domiciliary care agencies organised by the local authority.
- The feedback we received indicated the registered manager was receptive to ideas and strived to build positive working relationships with professionals. One social care professional said, "Northants Community Care were willing and able to take on board information from me on how to try and work with a person to get positive results. They have also been very good at discussing their support approach with the person and incorporating their ideas and preferences into their work."
- The registered manager was reviewing how they developed care plans with people to ensure they were as person-centred as possible.

Working in partnership with others:

- The registered manager and staff had developed good relationships with local health and social professionals such as GPs, district nurses, continence nurse and social workers.
- The provider and registered manager worked closely with the local authority commissioners and were looking to develop a day service to address the issues people raised around feeling isolated.