

Northants Community Care Limited

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Inspection report

5 Stanton Close,
Finedon Road Industrial Estate,
Wellingborough,
Northamptonshire.
NN8 4HN
Tel: 07510701260
Website:

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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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This inspection took place on 11 June 2015 and was announced.

Northants Community Care Limited provides personal care to people who live in their own homes in order for them to maintain their independence. At the time of our inspection they were providing personal care to approximately 16 people.

At the time of our inspection the service did not have a registered manager. However, there was a new manager in post who had submitted their application to register with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Staff knew the people they were supporting and provided a personalised service. However, care plans did not always detail how people wished to be supported and guidance for staff to follow was vague. Care plans were being updated and improved at the time of our inspection

People were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures. There were appropriate numbers of staff employed to meet people's needs and safe and effective recruitment practices were followed.

There were suitable arrangements in place for the safe management of medicines.

Staff received appropriate support and training and were knowledgeable about their roles and responsibilities. They were provided with on-going training to update their skills and knowledge to support people with their care needs.

People's consent to care and treatment was sought in line with current legislation.

People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity. People were involved in making decisions about their own care and support.

People were supported to take part in meaningful activities and pursue hobbies and interests.

There was an effective complaints procedure in place.

We saw that people were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided.

Effective quality assurance systems were in place to obtain feedback, monitor performance and manage risks.

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?

This service was safe.

People were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

There were sufficient staff available to meet people's individual needs and keep them safe.

Effective recruitment practices were followed.

People's medicines were managed safely by staff.

Good



Is the service effective?

This service was effective.

Staff were knowledgeable about the specific needs of the people in their care.

Consent to provide care and support to people was sought in line with current legislation.

Staff supported people to eat and drink sufficient amounts of healthy and nutritious food to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare facilities when required.

Good



Is the service caring?

This service was caring.

People and their relatives were positive about the way in which care and support was provided.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People told us they were happy with the service and that staff treated them with kindness, dignity and respect.

Good



Is the service responsive?

This service was not always responsive.

Staff were knowledgeable about people's support needs, their interests and preferences. However, care plans did not always detail the support people needed so that staff could fully meet their needs.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

Requires improvement



Summary of findings

People felt able to raise complaints or issues of concern and provide feedback about their experiences.

Is the service well-led?

This service was well led.

The quality assurance and governance systems used were effective and there was a clear vision and set of values which staff understood.

Systems were in place to monitor the quality of the service provided to people using the service.

Staff told us that they were listened to and felt able to raise any concerns or questions that they had about the service.

Good



Northants Community Care 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.

This inspection took place on 11 June 2015 and was unannounced. We gave the provider 48 hours' notice to make sure staff would be in the office and people would be available for us to talk to. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We used a number of different methods to help us understand the experiences of people using the service. We visited one person in their home to talk about the care and support they received. We spoke with five people who used the service and two relatives in order to gain their views about the quality of the service provided. We also spoke with three care staff, the care manager, the manager and the director of the company to determine whether the service had robust quality systems in place.

We reviewed care records relating to five people who used the service and four staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People and relatives told us they felt safe using the service or felt their relatives were safe. One person said, "I am safe. I don't have any worries with the girls that visit me. They make me feel comfortable and at ease." Another person commented, "I always feel safe when they are here." We spoke with a relative who told us, "The staff are professional and know exactly what to do. I feel confident that [relative] is in safe hands." Another relative said, "I know my [relative] is being looked after safely and with care."

We spoke with members of staff, about safeguarding and what they would do if they suspected abuse was taking place. They all told us they had received training about how to recognise and report abuse. One member of staff told us, "I would not worry about having to report someone. It's the right thing to do." Another staff member said, "Without hesitation. I would report immediately." The staff we spoke with told us they were confident that any concerns reported to the management would be effectively dealt with, to make sure people were safe. We saw that information about safeguarding vulnerable adults was available in the staff handbook.

We saw records of when staff had undertaken safeguarding training. We found that staff were fully up to date with the company and local authority safeguarding reporting procedures. We also found that the provider had effective systems in place to monitor and review incidents, concerns and complaints, which had the potential to become safeguarding concerns.

We saw that risks to people's safety had been assessed and staff confirmed that risk assessments were reflective of people's current needs. One staff member told us, "The risk assessments help us keep people safe, and they also protect me from hurting myself."

Assessments included environmental risks and any risks due to the health and support needs of the person. The risk assessments we reviewed included information about the action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed.

Staff were aware of the reporting process for any accidents or incidents that occurred. Reporting systems were in place so that incidents and accidents were reported and logged. We were told that no accidents had occurred at this service in the last six months and records confirmed us.

We found there were appropriate numbers of staff employed to meet people's needs. One person using the service told us, "I have enough people to look after me. I never go without my visit." A relative told us, "My [relative] has two staff for each visit and that has always been the case." People told us that staff were punctual and there was good consistency of staff. One person said they would like a copy of their rota to remind them who was coming.

A staff member told us, "I have time for travel and that makes a big difference. It means I can always be punctual and not have to cut short people's time."

We were told that the service had employed a staff member to be 'a floating member of staff'. They would be on stand-by if any staff went on sick leave. They would then take up that staff member's appointments for the day, to ensure people did not go without their call. We found that staff were provided with care packages close to the areas where they lived. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. The manager informed us the service had not had any missed appointments and records confirmed this. Staffing levels were determined by the number of people using the service and their needs. We saw that staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. There were sufficient numbers of staff available to keep people safe.

Staff told us that they had been through a robust recruitment process before they started work at the service and the provider had undertaken appropriate recruitment checks before they commenced work. One senior staff member discussed with us the importance of using safe recruitment processes and informed us of the recruitment checks that would be completed before staff commenced employment. They said, "We don't let any staff start work until all their checks are back."

We found that recruitment records were well organised. We saw that the necessary staff recruitment and selection

Is the service safe?

processes were in place to keep people safe. We looked at the recruitment files for four different members of staff and found that appropriate checks had been undertaken before they had begun work. The staff files included written references; satisfactory Disclosure and Barring Service clearance (DBS) checks and evidence of their identity had been obtained.

People received their medicines safely by staff who prompted them to take their medication at the right time. One person told us, "They take my tablets out of the pack and remind me to take them. I would forget otherwise."

The service had a clear medication policy in place to manage people's medicines when they were not able to, or chose not to take them themselves. However, we were informed that staff did not administer people's medicines but they would prompt people to take them. We saw a prompt sheet that was used to record when staff had prompted a person to take their medicines and staff recorded when the person had taken them. Staff we spoke with confirmed they did not administer people's medicines.

Is the service effective?

Our findings

People were looked after by staff that had the necessary skills, knowledge and experience to provide effective care and support. One person said, “They are experienced carers. It’s nice to have someone who knows what they are doing.” Another person said, “I think they must be very well trained because they know exactly what to do. They know what they are doing.” Relatives were also positive about the skills used by staff to help people develop and enjoy a good quality of life. One relative commented, “The staff are awesome. My [relative] has a lot of complex health problems and they deal with it all brilliantly. There is never a big fuss. They know when to take action.”

Staff told us they had completed the provider’s induction training programme when they commenced work at the service. They told us they worked alongside, and shadowed more experienced members of staff which allowed them to get to know people before working independently. Staff told us the induction training was thorough. One staff member said, “The induction was good. It helps you get to know each person you’re caring for before you work alone.” The induction programme supported staff to understand people’s needs and gain experience in a safe way.

We saw evidence that staff had received training in a variety of subjects that supported them to meet people’s individual care needs. These included first aid, manual handling, health and safety and safeguarding vulnerable adults. One staff member told us they were being supported to complete their Diploma in Care Leadership and Management level 5.

Staff received regular supervision from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. One staff member told us, “Yes, we get regular supervision and spot checks.” Another staff member said, “I had my last supervision in April. I found it useful.”

We saw a supervision matrix of when staff supervisions were planned and supervision records confirmed that staff received supervision regularly. Staff said they felt well supported and told us they regularly visited the office if they wanted to check something or needed some advice.

People told us that staff asked them for their consent before providing care and support. One commented, “They

[staff] always ask me if it’s okay to do things. They will advise me sometimes but I always have the final say and I definitely make my own decisions; even if they don’t always agree.”

Staff were aware of the importance of ensuring that people had consented to care and support. One staff member said, “If it was me I would want to be asked for my permission first. So we make sure we always ask people before we do anything.”

Staff and the manager had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated a good understanding and were able to explain how the requirements worked in practice. One staff member said, “We had training about the Mental Capacity Act. It does make you think.” We saw there were policies and protocols in place for staff guidance, and we saw information also contained in the staff handbook about the Mental Capacity Act. At the time of our inspection no one using the service was being deprived of their liberty.

People told us they were happy with the support they received in relation to their meals. Several people we spoke with explained that they required support with food and drink preparation. One person said they had prepared meals delivered and staff helped them with ordering, heating, serving and cleaning up after the meal. Another person told us, “I always get what I fancy. It’s very nice, never boring.”

A staff member told us they supported a person to prepare and cook meals of their choice. They said, “We recently cooked a vegetable lasagne from scratch. It was very nice.” Staff confirmed before they left their visit that they made sure people were comfortable and had access to food and drink.

Care plans we looked at recorded instructions to staff to leave drinks and snacks within people’s reach. Staff had received training in food safety and were aware of safe food handling practices

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. One person told us, “My [relative] always takes me for my appointments.” However, staff were available to

Is the service effective?

support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

One relative said, “If we need any extra help in that department I know we can rely on them to assist us.” People told us, and records confirmed that their health needs were frequently monitored and discussed with them.

Is the service caring?

Our findings

People told us they were happy with the service they received and all people we spoke with said staff were kind, caring and respectful towards them. One person commented, “They are very caring and it’s a happy and cheerful relationship we have together.” Another person told us, “They go out of their way to understand your problems. They go that extra mile.” A relative said, “My [relative] has the same two carers. There is more than a good rapport. It’s just fabulous.”

Staff told us they tended to provide support to the same people and this provided them with continuity and allowed people who used the service and staff to build up relationships. One staff member said, “I visit the same people and I have got to know them very well. You build up a trusting relationship which is good for both.”

We visited one person in their home and two staff members were present. We saw that staff knew the person well and understood their needs. Interactions were courteous, caring and patient. Our observations demonstrated that staff had positive relationships with the people they supported.

People were involved in making decisions about their own care and support. They told us that staff encouraged them to express their views about their care and to inform staff about how they would like their care to be delivered. One person told us, “I’m not shy about saying what I want. I know how I want my care to be and they work with me.” Another person commented, “I am always involved in how my care is provided. I have the final say.” A relative informed us, “Everything is discussed with us. We say what we need and they work from that.”

Staff told us they were aware of the needs and wishes of each of the people they see on a regular basis. They said

they involved people and their relatives in planning and reviewing their care and the care records we looked at confirmed this. We saw that people were given the opportunity and were supported to express their views about their care through regular reviews. We looked at people’s records and saw evidence to show they were involved in decision making processes.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service.

The staff promoted the privacy and dignity of people and their families’. One person told us, “They are very good at not making me feel embarrassed.” Another person commented, “They [staff] are very polite and without exception are all very respectful.” All people we spoke with and relatives expressed the same views, that staff were respectful and maintained people’s dignity and privacy.

One relative said, “It just couldn’t get any better. They treat my [relative] with such care and dignity, it’s wonderful.”

Staff explained the importance of privacy and dignity and described the steps they took to ensure that they were promoted whilst providing care. One staff member told us, “I always pull the curtains, provide personal care in a separate room if there are family members around and always keep the person covered up. I don’t want them to feel embarrassed.”

Staff described the importance of confidentiality and not discussing people’s needs unless it was absolutely necessary. We found that private and confidential information relating to the care and treatment of people was stored securely. Information about confidentiality was available for staff in the staff handbook.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person commented, “We have it down to a tee. They know what I need and I’m happy with the care they provide. It helps so much having the same carers.” A relative told us, “We wanted my [relative] care to be personable and that’s exactly what we got.”

We could see that people, and where appropriate, their family were involved in the care planning process which meant their views were also represented. We saw that promoting choice and independence were key factors in how care and support was planned and delivered. Staff told us that they contributed to people’s care planning and reviews and these took place in people’s homes. One staff said, “I have been involved in reviews. They help us get it right.” We saw that assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met.

We looked at five care plans for people using the service. Three of these contained vague details of the care and support people required. For example, one entry recorded for the morning visit stated, ‘Assist with personal care’. There was no explanation of how much support the person needed and how much they were able to do for themselves. A second care plan recorded, ‘Apply creams and ointments to area’. There was no information about what creams these were or where to apply them. From our discussions with the management team we noted that the care records were in a state of transition, being updated and reviewed to ensure they were more person centred and included more information about people’s life histories, likes, dislikes and preferences. We looked at one of these that had been completed. It was comprehensive,

very detailed and covered all areas of the person’s care and support needs. This ensured that staff had detailed information about the person so they could meet all their needs.

Staff supported people to go out locally and minimise the risk of them becoming socially isolated. One person told us the service gave them, “...something to look forward to.” We saw that people were supported to follow their hobbies and interests. One person told us they liked to go shopping and staff supported them to do this.

A staff member told us how they supported one person to go fishing. They said, “I enjoy it too.”

Records demonstrated that staff supported people to attend hydrotherapy sessions, shopping, day centres and one person told us that two staff were supporting them to go on a cruise. We visited one person in their home who received a sitting service. This was to provide support and companionship. They told us that staff were, “... very friendly and good company.”

People were encouraged to raise concerns or complaints. One person said, “I don’t have anything to complain about but I would if I had to.” A second person told us, “Yes I would make a complaint. Or my [relative] would do it for me.” All the people and relatives we spoke with were confident that any concerns would be dealt with appropriately and in a timely manner. One relative said, “I can’t imagine us having any concerns. I would raise any complaints I had if I needed to, but can’t imagine that happening.”

Staff confirmed that people had access to the complaints policy and we were told that a new information pack had been put together for people who used the service. This contained an updated copy of the provider’s complaints procedure. The provider confirmed that no complaints had been received by the service.

Is the service well-led?

Our findings

At the time of our inspection there was a manager who was new in post and had applied to register with the Care Quality Commission.

Staff told us there was positive leadership in place from the director, the care manager and the manager of the service. They said the management approach encouraged an open and transparent ethos among the staff team. The provider had introduced a clear vision and set of values. This ensured that person centred care, independence and empowerment were key to how the service operated and support was provided. We found that these were clearly understood and put into practice by staff in a way that promoted a positive and inclusive culture.

One person told us, “[Care manager] and [director] are very approachable. They have an open door policy and nothing is too much trouble.” A relative commented, “There is very good communication between us, the staff and the management.”

None of the staff had any issues or concerns about how the service was being run and were very positive, describing ways in which they hoped to improve the delivery of care. All the staff we spoke with told us they felt supported and enjoyed their work. A staff member told us, “This is the best company I’ve worked for.”

All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the

service. They said they were aware of the provider’s whistleblowing policy, and they would confidently use it to report any concerns. This information was available to staff in their handbook. Feedback was sought from the staff through face to face meetings and staff supervision.

The provider monitored the quality of the care provided by undertaking regular reviews of people’s care. There was also a system of audits in place that covered care records, falls, training and staffing. We saw that as a result of a care plan audit, all care records were being updated and improved. In addition, the provider had implemented a mock inspection programme of the service, that was due to be undertaken in the following weeks. There was a system in place to ensure when accidents and incidents occurred they were investigated by the manager. If areas of poor practice were identified these would be addressed with the staff team to ensure lessons were learnt and to minimise the risk of recurrence.

The provider involved people and their families in the monitoring of the quality of care. We found that people had been asked to share their experiences via satisfactions surveys. We saw that people’s views and wishes were acted upon.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.