

South Northants Home Care Ltd

11b Brackley Road

Inspection report

11B Brackley Road
Towcester
Northamptonshire
NN12 6DH

Tel: 01327439643

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

11b Brackley Road is a domiciliary care agency which was providing personal care to 41 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported by staff who put them at the heart of what they do. Staff told us, "The best thing about my job is the clientele...they are looked after to the best of my ability."

People and relatives were happy with the service they received and spoke positively to us about staff with whom they had good relationships.

Recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs.

Staff received comprehensive training to enable them to carry out their roles effectively.

Staff enjoyed working at the service and felt supported by each other and the registered manager.

Care records contained clear information covering all aspects of people's individualised care and support. Information about people was written in a respectful and personalised way. People and their relatives were involved in the planning and delivery of their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

When there were problems, the registered manager dealt with them appropriately and put measures in place to reduce the likelihood of recurrence.

The registered manager recognised the importance of retaining staff and was keen to improve and extend the service by using new technology and promoting good practice.

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

Rating at last inspection

The last rating for this service was Good (published 17 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 11B Brackley Road on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 ●

11b Brackley Road

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 2 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity took place on 24 May 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did before the inspection

Our inspection was informed by evidence we already held about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information, called a Provider Information Return (PIR), helps support our inspections.

We checked for feedback from members of the public and local authorities.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service.

We spoke with the registered manager and three care support workers.

We reviewed four people's care records, three staff personnel files, audits and other records about the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training during their induction and staff told us they knew what to do if they had safeguarding concerns.
- The service had safeguarding and whistleblowing policies in place and were in the process of updating their website so staff could easily access these if they needed guidance whilst out on visits.

Assessing risk, safety monitoring and management

- People told us they felt safe with the staff who cared for them, and trusted them to help. One person said, "If I've got an emergency I can call [the office] and they send people out."
- People's care plans contained detailed risk assessments which set out how staff should care for and support people safely.

Staffing and recruitment

- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Not all staff files showed the relevant checks had been completed during recruitment, for example, references from previous employers, although the registered manager was reviewing all files to ensure this was evidenced.
- The registered manager was aware of staff strengths, ensuring they were deployed to best meet people's needs, for example, one staff member was skilled in medicines record management and had been tasked with auditing and improving practice in this area.

Using medicines safely

- People told us they were supported to take their medicines. One person told us, "They help with some medicines unless I don't want it that day."
- Staff received medicines training and knew what to do in the event of a medicines error. One person said, "They have enough training, they help me with my medicine."
- Senior staff carried out regular assessments and spot checks on staff who administered medicines. This helped to identify when there was a need for extra training or support.
- We saw staff had correctly completed medicine administration records and were regularly audited which enabled the registered manager to quickly identify any issues.

Preventing and controlling infection

- Staff completed training in infection control and we saw that staff visited the office to collect Personal Protective Equipment (PPE) in between visits.
- Care plans included information about people's health conditions and instructions for staff on how to manage these. This helped to ensure people weren't at risk of infection.

Learning lessons when things go wrong

- Staff accessed and completed accident and incident forms whilst out on visits via an electronic call monitoring system. This ensured information could be quickly recorded and acted upon by staff in the office.
- The registered manager recognised the importance of using the right technology to improve the service. A recent switch to an online system had been trialled and found to be difficult for staff to use and resulted in a decline in service. The registered manager reverted to the original system and continues to research more suitable software.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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; 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 when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Staff obtained consent for people's care and support. Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions. One person told us, "They won't do anything unless they ask me first."
- Care plans did not always contain evidence that the service had been provided with proof that people had Lasting Power of Attorney authorisation in place. We raised this with the registered manager who took steps to obtain the information required.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained to meet their needs. We were told, "They are well trained, they know how to look after me."
- We saw that staff completed a wide variety of training during their induction and staff told us this enabled them to undertake their role. One staff member told us, "My training has been good."
- Staff told us, and records confirmed, they received regular supervision on a one to one basis, which included feedback from people who used the service. The registered manager completed frequent spot checks to identify when staff required support to further develop their knowledge and skills.

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

- Staff used nationally recognised tools to assess people's nutritional needs and clear plans were in place to manage any risks related to eating and drinking.
- People were supported to eat the food they wanted to. We were told, "[Staff] help me with my dinners – they heat them up for me, I have [meal delivery service] so I choose them," and, "They help with meals if I need them to."
- Staff completed training in food safety, diet, nutrition and hydration. We saw that where people received nutrition via specialist equipment, such as Percutaneous Endoscopic Gastrostomy (PEG), staff were specially trained to manage this effectively.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans included a 'transfer of care form' which contained important information for healthcare professionals in the event that a person had to go to hospital at short notice.
- Information in care plans meant staff were able to easily identify when people were supported by other health and social care professionals, and their advice was incorporated into the way people were cared for.
- The registered manager recognised when people needed additional support, and ensured this was accessed. For example, one person required more visits than their care package allowed. The registered manager liaised with social services and arranged for additional care calls to be implemented.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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 valued the relationships they had with staff. We were told, "I get on well with all of them, but 2 or 3 in particular, they're what I call 'proper carers' – it's not just what they do, their manner is really good. They're all very good really," and "They keep me well-looked after, they take great care."
- People were cared for by staff who enjoyed their work. Staff told us, "The best thing about my job is the clientele, every day is different. Sometimes it's challenging but they're looked after to the best of my ability. Its nice to give something back," and, "I love it."

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

- People were involved in writing their care plans and making decisions about how they wanted to be supported. One person told us, "They know my routine, they know what I like to do – there's 2 or 3 things I can't do and I have to relent and let them do that!"
- Information about people in care plans was recorded in a respectful way and we saw evidence that people had been involved in what was written, for example, specifying the toiletries they would like staff to use and information about people's life history.

Respecting and promoting people's privacy, dignity and independence

- People's care plans contained clear instructions for staff to follow to ensure people's privacy and dignity were maintained. Without exception, people told us the staff followed these and treated them with respect.
- Care records documented people's desired outcome to remain living independently in their own homes, and staff supported them to achieve this. For example, the registered manager had arranged for one person to be assessed by a specialist charity to ensure their home environment was suited to their needs, and supported another person to arrange their finances when a previous arrangement was no longer suitable.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained detailed information on how staff should support them with personal care, eating and drinking, medicines and other day to day activities. They also included information about their health needs and the care people required to manage their long term health conditions.
- Staff built positive connections with people and had a good understanding of their needs and personal preferences. For example, one person initially exhibited behaviour that challenged carers, but empathy and a calm approach from staff allowed them to build a collaborative relationship which ensured the person received the care they needed.
- People's care plans were tailored to meet their specific requirements and requests. One person had previously experienced difficulties in safely managing their own medicines. The registered manager worked with the person, putting plans in place which allowed staff to ensure access to medicines outside the correct times was prevented.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information regarding the service was available in other formats, for example, easy read, large print and additional languages.
- Care plans contained assessments of people's communication requirements and strengths, and identified what support staff should offer to ensure their needs were met.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and the registered manager took complaints seriously. They kept records of issues and the action they had taken to reduce the likelihood of recurrence.
- Staff acted on concerns on behalf of people. For example, one person was discharged from hospital with instructions they should have a specialist diet. Staff took into account both the person's previous history and their wishes and sought further medical advice. As a result, the person was assessed as no longer requiring a specialist diet.
- People were confident their concerns would be dealt with appropriately. One person said, "Sometimes we clash but [staff] rectify it straight away, I talk to them or the manager."

End of life care and support

- The service had an end of life policy in place which set out the way people could expect to be cared for according to their wishes and in line with their spiritual and cultural beliefs.
- People's care plans included their wishes for the care they would like to receive at the end of their life, and advance care plans included details of medical professionals who had been involved in these discussions.
- We saw letters of thanks from people's relatives praising staff for the care they had given during the end of people's 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were cared for by staff who recognised the importance of meeting their emotional needs. We were told, "They make you laugh, that's the best thing of all. I have a joke in the morning and a joke to go to bed on," and, "We always have a chat when they're here."
- Staff were committed to supporting people to achieve their desired outcomes. One of the values agreed by staff and registered manager was to 'empower our customers to lead fulfilling lives'.
- The registered manager was aware of the challenges faced by the service and was keen to make improvements to ensure people achieved good outcomes. Any feedback given during the inspection was responded to appropriately.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements. We saw that information was correctly shared with other agencies such as the local authority, for example, when the service had identified safeguarding concerns.

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

- The service was led by an experienced registered manager and supporting team. The registered manager described how they were developing staff to ensure succession planning within the service, for example, one member of staff is training to take over some of the registered manager's responsibilities. This will allow the registered manager further time to focus on quality performance and service improvement.
- There was a clear management structure and staff felt well supported. Staff told us, "The manager is really nice, I feel very well supported," and "[Manager] is very supportive, [they're] on the end of the phone if you need advice."
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the office in line with our requirements.

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

- People were regularly asked to provide feedback on the service, and this was acted upon. For example, people's call times were amended to reduce long-term road works causing staff delays.
- We saw positive results from the most recent service user satisfaction survey. 100% of respondents were happy with the care they received.
- Staff meetings and one-to-one sessions gave staff the opportunity to contribute their views. The registered manager had worked with staff to create a shared values and behaviour framework. This encouraged staff to always put people at the heart of the service and work as a team. We were told, "[Manager] is keen on being team a player."

Working in partnership with others

- Staff worked well with healthcare providers, reacting quickly to people's changing needs. For example, the registered manager liaised with specialist nurses to arrange training to help staff support one person who had new, complex medical equipment.
- The registered manager maintained good relationships with professionals from other agencies to ensure that people received the support they needed. For example, after one person's condition deteriorated, the registered manager made referrals to the local authority to request additional equipment and assistive technology.