

Northamptonshire County Council

START South

Inspection report

Chedworth House
Chedworth Close
Northampton
NN3 5HW

Tel: 01604362003

Date of inspection visit:
08 April 2019

Date of publication:
23 May 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:

START South (Short Term Assessment and Reablement Team) service provides care and support for people who need immediate support to live independently in their own home; this may be as a result of a crisis or illness, or following a discharge from hospital. They provide short term support for people to regain independence or identify if people require a permanent care provider to meet their longer term care needs. In addition, this service also supports the HICT (Holistic Intermediate Care Team) service which supports people with dementia, and require an input from a team of professionals including Occupational Therapists and Admiral Nurses (specialist dementia nurses). At the time of the inspection the service was supporting 43 people.

People's experience of using this service:

- People and relatives told us they felt safe and that staff were kind and caring. We heard comments such as, "Very nice, lovely, absolutely fabulous and friendly." However, staff and people told us that their care wasn't always consistent regarding changes with staff attending calls.
- Staff completed all relevant training for their roles, however some staff had not completed refresher training. This meant that some staff may not be trained with the most up to date information. The manager agreed to ensure all staff required were booked on refresher training.
- People's safety was promoted. Staff had received training in safeguarding and knew how to protect them from abuse.
- Potential risks to people was continuously assessed, managed and regularly reviewed. Care plans provided staff with clear guidance to support the person safely.
- People were placed at the centre of their support and were consulted about their care.
- Respect for privacy and dignity was adhered to by staff. People and staff felt respected and listened to.
- People received personalised care and support specific to their needs and preferences. Every person was respected as an individual, with their own social and cultural diversity, values and beliefs. People had their human rights upheld.
- Staff gained people's consent before providing personal care and support.
- People were supported to access appropriate healthcare when required.
- People knew how to raise a concern or make a complaint. There was a system in place to respond to

complaints and advocacy support was available.

- People received their medicines correctly and were supported to self-administer when possible.
- Quality audits were completed to ensure consistent good quality care.

This service met the characteristics of Good in all areas. More information is available in the 'Detailed Findings' below.

Rating at last inspection:

This was the first inspection of the service since their registration on 19 April 2018 with the Care Quality Commission.

Why we inspected:

This inspection was a planned inspection.

Follow up:

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

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

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 was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

START South

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of 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.

Service and service type:

Start South is a domiciliary care agency. It provides personal care to people living in their own homes. Everyone using start south received the 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, 43 people were receiving personal care.

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. The registered manager had left the service the previous week. The area manager was currently covering the role. We will refer to this person as the manager within this report.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is a domiciliary care agency service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 9 April 2019 and ended on 15 April 2019. We visited the office location on 9 April 2019 to see the manager and office staff; and to review care records and policies and procedures. We also visited people in their own homes. We made calls to people, their relatives and staff on 10 and 15 April 2019.

What we did:

We reviewed information we had received about the service. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection we spoke with seven members of staff including the manager, seven people using the service, and eight relatives.

We reviewed a range of records. This included two people's care records, four staff files around staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

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.

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

- People told us they felt safe. One person told us, "Staff help me feel safe." Another person said, "Staff do a good job, so I feel safe."
- Staff told us that they had good safeguarding training and could explain the safeguarding processes in detail.
- The registered manager chooses random staff every month to discuss their understanding of safeguarding.
- The provider had effective safeguarding and whistleblowing systems and policies in place and staff continued to receive training based upon these. The manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- Risk assessments were detailed within categories for example, breathing, mobility, environmental and many others. The risk level and actions to reduce the risk were clearly documented.
- Risks to people were regularly assessed and safely managed.
- People's needs, and abilities had been assessed in a pre-assessment plan. The potential risks to each person's health, safety and welfare had been identified.
- Staff had been trained in the use of specific equipment people required.

Staffing and recruitment:

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed before staff started employment, however, some staff had not had an DBS update for over 15 years. Staff did complete an annual form confirming they had no criminal convictions.
- There were enough staff to meet the needs of people supported by the service. People told us that staff generally turn up on time, however staff can be up to an hour late or an hour early as per the providers policies before they would let a person know.

Using medicines safely:

- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent and a risk assessment.
- People told us they were happy with the support they received to take their medicines.
- Records showed that medication was administered as prescribed.
- Staff were trained before being able to support people with their medicines. The registered manager also completed competency checks with staff.

Preventing and controlling infection:

- Staff told us they had access to Personal Protective Equipment (PPE) as required, which included gloves, aprons, shoe covers and hand sanitiser.
- All staff had completed infection control training.

Learning lessons when things go wrong:

- Following an incident when a person did not receive their allocated call, the registered manager identified that the process for cancelling or rescheduling a call needed to be reviewed to ensure that people did not have any missed calls. The registered manager implemented a dropdown menu on their database to ensure that calls are not deleted by mistake.

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 told us they were involved in all aspects of their care planning. A person told us, "I've done the care plan with staff, I know what's in it." Another person said, "The folder is here, if I want to know what they have written I can read it anytime, I know what's in it."
- Consent forms signed by people receiving care and support, outlined who could be involved and informed of people's care needs.
- Pre-assessments of people's needs were completed and expected outcomes were identified. The care and support was regularly reviewed with the person.
- All care plans and risk assessment were signed by the person or the persons nominated individual.
- Staff told us that the care plans and risk assessments gave them all the information they needed to understand the person's needs.

Staff support: induction, training, skills and experience:

- Staff received training to ensure they had the skills to do their job, however some staff had not completed refresher training. (Refresher training is a training programme designed for old or existing employees of an organisation, with a purpose to inform them with the new skills, methods, and processes required to improve their performance on their job.) This meant that some staff may not be trained with the most up to date information. The manager agreed to ensure all staff required were booked on refresher training as soon as possible.
- All new staff had to attend a 2-week induction, which included training and shadowing existing staff, before they were able to visit people alone.
- Staff told us they were confident in their roles and the training provided covered all areas of their jobs. One staff said, "The training is really good, its spot on." Another staff member told us, "If I was unsure of anything or didn't know what to do, I know that I would be trained or supported through it."
- Staff supervision meetings were held regularly, and staff said they felt supported. One staff member told us, "The management are wonderful and so supportive."
- People told us they felt the staff understood their needs. One person said, "Staff are brilliant, they know what to do."

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

- Staff and people told us that their care wasn't always consistent regarding staffing. One person said, "I never know who is coming." A staff member told us, "I don't get to see the same person, my visits are always to someone different, this means I don't get to know the person really well. If staff don't know people how can they tell if something changes." After the inspection the registered manager started to trial a new system

to rectify this.

- Staff communicated well with other staff. Staff told us the methods they used to communicate included handover sheets, team meetings and via an online App.
- Care plans were regularly updated and audited by managers and staff to ensure that changes in need were documented. This meant that staff and managers were aware of changes that might affect how people's needs are met.
- We saw staff working alongside other professionals to ensure a person had all their needs met, this included personal, emotional and physical.
- When another professional was involved, staff ensured they wrote the details of any visits and actions needed in people's daily notes.
- When necessary people had a hospital admission form completed with staff, to support the safe transfer to hospital.

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

- When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised, or they assisted the person to call themselves.
- A visiting professional told us, "The staff ensure that any referrals are made promptly and appropriately, following their assessment. Which demonstrate to me a good level of understanding of the customer needs and safety."
- Members of the senior management team had recently been identified to undertake basic health test training such as urine tests. Staff will then liaise with the GP to appropriately treat the symptoms to help with a faster response to simple health issues and preventing a decline in health and people's independence.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw evidence of mental capacity assessments being carried out.
- Care plans were developed with people and their relatives. People had agreed with the content and had signed to receive care and treatment.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- A person told us, "Staff always ask for my consent before they start washing me." A relative told us, "Staff always talk to me about [Persons name] mental capacity if there are any concerns or issues."

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 and relatives told us they felt supported. One person said, "Staff make me feel comfortable, they ask permission." A relative said, "Staff don't just support [Person's name] they also make sure I'm OK, that means a lot to me." Another relative told us, "Staff don't just do tasks, they talk to [persons name] all the time."
- Care plans included information regarding communication, any cultural requirements or wishes/choices made by the person.
- Staff we spoke with told us about their responsibility to ensure people's rights were upheld and that they were not discriminated against in any way.
- A relative told us, "The handover between staff is really good, they make sure that all staff know what to do and how to do it, we are very lucky to be with them." Another relative said, "The staff are absolutely fabulous."

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

- We saw evidence in care plans that people had been asked about their likes/dislikes, preferences and routines.
- People were treated respectfully and were involved in every decision possible. One person said, "They always ask me what I want and tell me what they are doing." Staff told us, "I always tell people what I am writing in their care plan or daily notes and ask if they want to read it."
- People, relatives and staff all told us that the service is interested in the whole family and try to engage as many people as possible in decision making.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views and wishes.
- The registered manager had recently sent out questionnaires, to gain the views of people using the service, however these had not been collated at the time of our inspection.

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

- People's right to privacy and confidentiality was respected. One person said, "Staff are always respectful." Another person told us, "It's not nice having personal care done, but staff are nice and when you get know them it's not too bad."
- Staff told us they always supported people to be as independent as possible. One staff member told us, "I always ask, "What would you like me to do" and "what can you do yourself."
- We saw staff were polite, courteous and engaged with people.

- Staff understood their responsibility for keeping people's personal information confidential. All records with confidential personal information was stored securely in line with the provider's confidentiality policy.
- People who had equipment in place to promote their independence, this was documented within care plans and staff were trained on the use of the equipment.

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:

- The staff supported people to move to long term care agencies when appropriate. This was discussed with people regularly and options explored with them.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs.
- We saw evidence within care plans and through observations that staff treated each person as an individual, respecting their social and cultural diversity, values and beliefs.
- People received care based on their individual assessed needs. A relative told us, "We chose the time we wanted the calls and that we only wanted female carers, and that is what we got."
- Another relative told us, "Staff are always patient with [Person's name] even though they have some behaviours which are hard to manage, staff try their best."

Improving care quality in response to complaints or concerns:

- People and relatives knew how to make a complaint. A person told us, "I know the lady in the office to speak to, she did a review by coming here to my home. I've got no complaints." A relative said, "I've got it in the book about complaints, but haven't had to complain." Another relative told us, "I had to make a complaint, but they sorted it all out, I'm happy now."
- Staff told us they could talk to the management team about any issues or concerns. One staff member said, "I had an issue with another staff member, my manager sorted it out for me, I felt listened to."
- We saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.
- The complaint procedure was given to every person at the start of their care and kept in their individual files within their own homes.

End of life care and support:

- At the time of the inspection, the service was not supporting anyone who was at the end of their life.
- The registered manager told us if anyone required end of life support they would ensure all staff had the appropriate training and support, the person being supported would have access to specialist palliative care services and any specialist equipment required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- Named staff were responsible for overseeing updates to care plans and for reviewing support needs of people. This meant that staff and people knew who was responsible for the paperwork.
- People and relatives told us they were happy with the care received. We heard comments of "Outstanding." "Very good team." and "Staff can't do enough for you."
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.
- On task supervisions were completed regularly with all staff to observe that people were treated with kindness and compassion and that staff were competent in their roles.

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

- Staff were clear in their roles and understood what the provider expected from them.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks and regulatory requirements.
- Staff spoke positively about their managers. A staff member said, "[manager name] is supportive, and we provide really good care, our assessments are detailed, and they tell me what I need to do." Another staff member said, "They [management] support us all the way."
- We saw evidence of audits completed for a range of checks including care plans, medication administration charts, risk assessments and daily notes.

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

- Regular team meetings took place to give staff the opportunity to discuss the service, policies and procedure and to update on any changes in people's needs or support.
- Staff told us that they always have information sent to them (via on line app) regarding any animals in the property, any behaviours that may cause harm, any cultural needs and the persons communication needs, before they visit.

Continuous learning and improving care:

- Staff told us any issues raised with the registered manager and had been listened to and acted on.

- The registered manager kept up to date on improvements and training by participating in registered manager forums and signing up to social care updates.

Working in partnership with others:

- The service submitted relevant statutory notifications to CQC promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.
- The service is currently working alongside the Stroke team to ensure the specialist needs of a person are met and that they can be as independent as possible.