

Northampton Nursing & Carers Agency Limited

Northampton Nursing and Carers Agency

Inspection report

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09 January 2019

10 January 2019

11 January 2019

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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

Northampton Nursing and Carers Agency (NNCA) is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

Not everyone using NNCA receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 63 people were receiving personal care.

At the last inspection in July 2016, the service was rated Good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive safe care and support. People told us that they felt cared for safely in their own home. Care records contained risk assessments to protect people from identified risks and helped to keep them safe.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

Staffing levels ensured that people received the support they required at the times they needed. People could be assured they would be supported by staff who knew them. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

People were supported to take their medicines as prescribed. They were supported to maintain good health, and had access to healthcare services when needed.

People received care from staff that were compassionate, friendly and kind. Staff had the skills and knowledge to provide the care and support people needed and were supported by two registered managers who were receptive to ideas and committed to providing a high standard of care.

There were systems in place to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Northampton Nursing and Carers Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 8, 9, 10 and 11 January 2019 and was undertaken by two inspectors and two Expert-by-Experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 24 hours' notice because we needed to ensure someone was available to facilitate the inspection.

We visited the office location on 8 January 2019 to meet with the two registered managers and to review care records and policies and procedures. On the 9, 10 and 11 January we visited people in their homes and contacted people by telephone and carried out telephone interviews with staff.

Before the inspection, we reviewed the information we held about the service including statutory notifications and any safeguarding referrals raised. A notification is information about important events, which the provider is required to send us by law. We had not requested a Provider Information return. 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. However, we gave the provider the opportunity to share any key information about the service and what improvements they planned to make.

During the inspection, we met with two people who used the service and one person's relative and we spoke with 13 people who used the service and 14 family members by telephone. We also spoke with nine care staff and the two registered managers.

We reviewed the care records of five people and three staff recruitment files. We also reviewed records

relating to the management and quality assurance of the service including staff training records, complaints and audits.

Is the service safe?

Our findings

People were being cared for safely. People told us they felt safe. One person said, "I feel safe with the staff because they do everything for me. I need to be hoisted and they do it with care. They know what they are doing and I trust them. There is always two of them and they are generally on time. They send me a regular rota. I know most of them who come and they treat me with respect."

Risks to people had been identified and measures put in place to mitigate the risk. For example, assessments had been undertaken to identify any risk of people falling; appropriate controls had been put in place to reduce and manage these risks.

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure. We saw that when any safeguarding concerns had been raised these had been investigated and appropriate action taken. There had only been one safeguarding concern raised within the last 12 months.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to provide consistent safe care and support to meet the needs of the people. One relative said, "For [relative] due to their condition, it is vital that they know the people who are coming and the team have prioritised their needs and worked hard to ensure the consistency for their care."

Medicines were safely managed. Staff had received training and their competencies were tested regularly. One person said, "They [care staff] help me with my medication and it is always given correctly." We saw that medication administration records (MAR) were used by staff to accurately record the medicines given.

Staff had completed training to ensure they were up to date with the most recent guidance to keep people safe. Observations and spot checks took place, to ensure staff followed infection control practices. Staff told us they had the appropriate personal protective equipment available to support people safely.

The service understood how to record and report incidents, and used information to make improvements when necessary. The registered managers told us that staff meetings would be used to address any problems and discuss any learning points and actions required. At the time of the inspection, there had been no specific incidents.

Is the service effective?

Our findings

People's needs were assessed to achieve effective outcomes, and care and treatment was delivered in line with guidance. We saw that pre-assessments of people's needs were undertaken before care was delivered; this ensured that the service provided met the person's individual needs and considered both their physical and mental well-being as well as their cultural needs.

People received care from staff that had the skills and knowledge to support them. Staff training was relevant to their role and equipped them with the skills they needed to support people living in their own homes. Staff spoke positively about the training they had received. One member of staff said, "The induction training was okay and you can ask for more training if you feel you need to. [Registered manager] is wonderful, you only have to ask and they will help you with anything you don't understand." Staff told us they were encouraged to undertake further training to enhance their skills and knowledge. We saw that specialist training such as bowel management and End of Life had been undertaken and the registered managers were receptive to developing staff skills further.

Staff received supervision and felt well supported by the registered managers. The registered managers undertook 'spot checks' and stayed in regular contact with staff.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. One person told us, "They always ask me first what I want."

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection. The registered managers understood their responsibilities in relation to any applications, which may have to be made to the Court of Protection if people were being deprived of their liberty in their best interests. Staff sought people's consent when supporting people with day-to-day tasks.

Is the service caring?

Our findings

People were happy with the care and support they received and. Several people expressed how good and caring the staff were. One person said, "The carers are all excellent." Another said "They are brilliant. We chat over coffee and they are great with the social side of things which is important to me."

Staff spoke fondly and positively about the people they supported. They felt they had the time to spend with people to get to know them and develop positive relationships with them, providing the care in the way people wanted. The registered managers had tried to ensure that the same staff supported people. This meant that people knew all the staff that cared for them and the support was consistent. One relative told us, "The company have worked hard to provide consistency and continuity for [relative] with the team of staff that they send which is crucial for my [relative]. When changes of staff occur then new staff shadow another staff member first."

People felt in control of their own care and were happy that staff listened to what they had to say. Care plans included people's preferences and choices about how they wanted their support to be given. One person said, "I have male staff as well as female which I was asked about. I am fine with it." A relative said, "[Name of care staff] is very good and communicates particularly well with [relative]. They let them shave them self and there is never any rush."

People had access to an advocate to support their choice, independence and control of their care if they needed. At the time of the inspection, no one needed an advocate. An advocate is an independent person who can help support people to express their views and understand their rights.

People were treated with respect and their privacy protected. One person said, "They [care staff] are always polite and respectful and make sure the bathroom door is shut. Another person said, "They [care staff] are always very polite and courteous and are very caring." Staff knew how to protect people's dignity and maintain people's privacy.

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and care plans had been developed with people. People told us that their care plans had been reviewed with them and changes made when necessary.

Staff knew people well; they understood the person's background and knew what care and support they needed. One relative said, "[Relative] can be nervous of strangers and worries about their care due to a previous poor experience with another agency, but this organisation does really listen and strive always for [relative] comfort and peace of mind. The managers will come out to cover care calls and some staff have even called in their own time to check on them if I am away."

People were supported at the end of their life. Care plans were developed with individuals and their families sensitively as and when required. Staff had received training in end of life care and the service liaised with the local hospital as required.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. We saw that when any complaints had been raised these were investigated and responded within the agreed timescales. One person said, "I did need to complain once and the issue was dealt with instantly and entirely to my satisfaction."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Is the service well-led?

Our findings

There were two registered managers in post at the time of the inspection who shared the responsibility of managing the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People could be assured that the service was being managed competently. The systems in place to monitor the quality and standard of the service were effective and ensured that people received the support and care they required to a good standard. Both registered managers were aware of their responsibilities; they had a good insight into the needs of people using the service, and clearly knew the people using the service well.

The feedback we received about the service was overwhelmingly positive with most people commenting that they would recommend the service, one person said they already had.

The service was open and honest, and promoted a positive culture throughout. People and their families were regularly asked about how they felt about the service; the registered managers ensured they delivered the care at times so that they fully understood the needs of people. This enabled them to make changes when required and support staff effectively. One staff member said, " [Registered manager] has worked with me and helped me to understand better what I needed to do."

Staff were kept informed about any developments or changes in the service through emails and text messages. Staff meetings were held which staff told us enabled them to raise various topics, including any areas of concern, learning and positive outcomes for people. The provider and registered managers ensured that the service kept up to date with the current best practice.

The service worked positively with outside agencies to improve the life experiences of individuals and look at ways to continually develop and improve the service. This included a range of health and social care professionals and commissioners of the service. We saw that feedback from the local clinical commissioning group had led to changes being made to the design of care plans and risk assessments improving the level of detail and instructions for staff to deliver safe care consistently.

The registered managers had submitted notifications to the CQC. A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people those seeking information about the service and visitors of our judgements.