

Livability

Northamptonshire Community Services

Inspection report

Lincoln Court
Borough Road, Buckingham Road Industrial Estate
Brackley
Northamptonshire
NN13 7BE

Tel: 01280840049

Website: www.livability.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 10 and 11 November 2016 and was announced. The service is registered to provide personal care to people in their own homes or shared housing when they are unable to manage their own care. At the time of the inspection there were nine people using the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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 were actively involved in decisions about their care and support needs; however, there was inconsistency in the approach taken to supporting those people who may lack the capacity to consent to their care. The systems in place to assess people's capacity for decision making under the Mental Capacity Act were not consistently being followed. The registered manager was aware of this and had already started to take steps to address this at the time of the inspection.

People were supported to take their medicines as prescribed safely; the provider just needed to ensure that the method of recording the administration of medicines was consistent across the service.

People told us that they felt safe in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that on the day of our inspection there were sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks. People were supported to maintain good health and had access to healthcare services when needed.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their support. People participated in a range of activities both in their own home and in the community and received the support they needed to help them do this.

Staff had good relationships with the people who they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The registered manager was approachable and had 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 was safe

People were supported to take their prescribed medicine safely.

People told us that they felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were actively involved in decisions about their care and support needs. However, there was an inconsistency in practice in relation to those people who may lack the capacity to consent. The provider needed to ensure that there was consistent approach in relation to following the principles of the Mental Capacity Act, 2005 (MCA).

People received personalised care and support. Staff were trained to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good ●

The service was caring.

People received care and support from a staff team who were

kind, friendly and compassionate; who respected and protected their privacy and dignity.

People were encouraged to make decisions about how their support was provided and staff had a good understanding of people' needs and preferences.

There were positive interactions between people receiving care and support and staff; staff ensured people retained their independence and remained involved and in control of their lives as possible.

Is the service responsive?

Good ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The registered manager monitored the quality and culture of the service and strived to lead a service which supported people to live as independently as possible in their own home.

Northamptonshire Community Services

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 10 and 11 November 2016 and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During the inspection we spoke with the three people using the service, two family members, two care staff, two service co-ordinators and two deputy managers. The registered manager was on annual leave at the time of the inspection.

We reviewed the care records of the four people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People felt safe in their homes with the staff that supported them. We were able to observe how relaxed and calm people were with the care staff that were supporting them. One person told us "I have no concerns about the staff; I feel happy and comfortable with all of them." The staff knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. Staff told us that if they had any concerns they would report it straight away to their manager. The staff had confidence that the management team would take the appropriate action. There was an up to date safeguarding procedure in place and staff were aware of the contact details of the local safeguarding team. The registered manager had raised appropriate referrals to the local safeguarding team and notified the Care Quality Commission (CQC) as required to do so. We saw from staff records that all staff had received safeguarding training and that this was regularly refreshed.

There were risk assessments in place to reduce and manage the risks to people's safety; for example people who had been assessed as having poor mobility had a risk assessment in place which gave detailed instruction to staff on how to support the person to transfer from a chair to standing to use a walking aid. We saw that the care plans and risk assessments were reviewed regularly; staff told us that if they had any concerns one of the managers would visit and revise the plans and risk assessments.

Care plans and risk assessments were in place when people needed staff support to manage their medicines safely. Staff had received training in the administration of medicines. We saw that where people lived in shared accommodation that their medicines were safely stored and any unwanted medicines were appropriately disposed of; staff had information available to them about the medicines people were prescribed. Records were kept in relation to the administration of medicines and we discussed with the registered manager the need to ensure that the method of recording the administration of medicines was consistent across the service.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for Northamptonshire Community Services.

People told us that they felt there was a sufficient number of staff to meet their needs. People said that staff arrived on time and stayed for the time allocated. There was electronic call monitoring system in place which enabled the registered manager to monitor the calls and ensure people were receiving their care at the time and length agreed. No one felt rushed and spoke about having the opportunity to chat to the staff. One person told us "I usually have the same staff; they come on time and stay for the amount of time I have agreed; we have a good chat." Relatives told us that their relative had regular care staff and if there is anyone new the service co-ordinator always introduced them; they keep to their times and will let them know if anyone is running late. Everyone received a weekly rota so knew who was coming each day. The staff confirmed with us that they had regular people they went to and always had enough time to support them;

if they needed more time they just contacted the office to let them know. One of the service care coordinators explained that the staff rota was based around the needs of the people and the geographical area people lived in to take account of the travel time between calls. The provider only took on new people if they had sufficient resources available to safely meet the care and support required.

Is the service effective?

Our findings

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 and we saw that there was some inconsistency in their approach. Where people who had learning difficulties were being supported there were mental capacity assessments in place and any best interest decisions had been recorded; relevant people had been consulted and an advocate had been sought when necessary. However, where older people living with dementia were being supported there was no information available which suggested any mental capacity assessments had been undertaken or information sought from families as to whether any lasting power of attorney (LPA) authorisations were in place. We spoke to the registered manager about this following the inspection and they were able to assure us that they had become aware of this and were seeking further training and guidance to address this; they had already amended the information they gathered before they took on care packages to include asking for information about LPA's.

We observed staff seeking people's consent to complete everyday tasks and we saw from records that where people were able they had signed agreements consenting to the care and support they required.

People received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People told us that they were confident in the staff and felt they were all well trained and understood their responsibilities. The provider had recognised that with an increase in demand to support people living with dementia that staff needed more in depth training in dementia and was in the process of identifying an appropriate training course for all staff.

The staff spoke very positively of the support and training they had been given. All new staff undertook a thorough induction programme which included manual handling, health and safety, safeguarding and medicine administration. They had worked alongside the service co-ordinator or an experienced care staff member, before they had worked alone. All new staff were expected to undertake the Care Certificate; the Certificate aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One member of staff told us "The induction was very good and I know I can ask for help at any time, we are well supported."

Staff felt valued in their roles and told us that they had no hesitation to seek support from any member of the management team. They were supported in their roles through supervision and the service co-ordinator and deputy managers undertook regular observations of staff whilst they fulfilled their role. Those staff who had worked for the provider for over 12 months had had appraisals where they had been given the opportunity to discuss their performance and future development and training needs. A member of the management team was in contact with the staff on a daily basis and delivered some of the care when

needed. This gave the management team the opportunity to fully understand the needs of the people and enabled them to instruct the staff in various techniques to support people individually. It also enabled them to ensure that the care plans in place were up to date and relevant and could respond quickly if changes to someone's care plan needed to be made.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person may need with regards to eating and drinking. We spoke to one person who said that with the support of the staff they had been able to have food freshly cooked for them which they felt was more nutritious than having microwave meals each day. The person said "They [the staff] take me out each week so I can buy food fresh and then they cook it for me; they will make sure I have a drink and leave one out for me when they go."

People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including the District Nurse, GP and Occupational Therapist.

Is the service caring?

Our findings

People were supported by staff that were kind, friendly and compassionate who had taken the time to get to know people well. One person told us "They [the staff] are all nice, kind, beautiful people who really care for me." Relatives commented how good all the staff were; one relative said "They are exceptional."

People were encouraged to express their views and to make their own choices. People confirmed that staff gave them choices in everything they did, for example the food they ate and what support they received with their personal care. Staff responded to people's requests and ensured people were happy with the support they were offered. We heard one member of staff say "Are you sure there is nothing else you need me to do before I leave."

Care plans included people's preferences and choices about how they wanted their support to be given. We saw in one person's care plan details to staff to ensure that the person was given time when they needed support. People told us that staff took time to listen to them and respected their wishes. We observed one person asking to make changes to their care plan, the member of staff listened to what they said and agreed to make the necessary changes to the plan to ensure all the staff were aware of the changes. The person told us "I know I can make changes to the plan if I need to; They [the staff] are very accommodating."

Staff spoke to us about being able to provide the continuity of care; they explained that they supported a regular group of people. One member of staff said "I have a regular set of people I support which is good; you get to know people better. The service co-ordinator explained that they had developed staff rotas initially around geographical areas which the same staff kept to; this had enabled them to provide the continuity of care people wanted and limited travel between calls. We could see from the way both the people and staff spoke that everyone looked upon each other as friends and were committed to providing the best care and support as possible.

People received their care in a dignified and respectful manner. We observed staff approaching people in a friendly manner asking them what they needed and gently encouraging them to complete everyday tasks. Staff were able to tell us how they protected people's dignity, they described closing curtains and doors to ensure no one could see in and covered people up as much as possible to maintain their dignity at all times. One person told us "I have female carers, they treat me with respect and I feel comfortable with them." Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know.

The majority of people receiving personal care were able to express their wishes and were involved with their care plans. People told us that the staff spent time chatting with them. Staff were aware of the need to seek support of an advocate if people needed support to make decisions; one member of staff told us about one of the people having an advocate to support them in decisions about where they lived and what support they needed. There was information available about accessing an advocate if people needed one.

Is the service responsive?

Our findings

People and their families initially met with a service co-ordinator which gave everyone the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed and their expectations of the service. This information was then used to develop a care plan for people. The registered manager ensured they had sufficient resources to meet people's needs before people were offered a service; this ensured that people's needs were consistently and effectively met.

The care plans detailed what people wanted and when they wanted support. The service co-ordinator would initially deliver the support themselves which ensured that the information in the care plan gave staff clear instructions as to how to support the person. The care plans were regularly reviewed and updated and we saw that if people needed to make changes this was accommodated. Relatives told us they had been asked about the care plan and felt able to make suggestions as to how best to support their relative. Daily records were kept and people confirmed with us that staff always read and completed the record to ensure everyone was kept up to date and informed of any changes. Staff told us that they would report any concerns or issues to a member of the management team and any changes to a care package would be updated on an electronic system which all staff had access to.

Staff were aware of people's cultural needs and explained if they were to support anyone who had different cultural needs that this would be detailed and explained in the care plans. At the time of the inspection there was no one who had any specific cultural needs. The information in the care plans ensured that staff were aware of people's past history, any hobbies or interests they may have or had. Time was given to people if they needed support to undertake an activity or pursue an interest they may have; for example people were supported to go shopping and access local activities in the community.

People and their families were provided with a 'customer pack', this included information about what to do if they had a complaint and was available in different formats to meet individual communication methods. One person told us "If I had a complaint I would just ring the office, but I have never needed to complain." None of the relatives we spoke to had had any course to complain; one relative commented "If there are any concerns they are always sorted out." There were appropriate policies and procedures in place for complaints to be dealt with. We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to.

Is the service well-led?

Our findings

People benefited from receiving care from a team of staff that were committed and enabled to provide consistent care they could rely upon. The registered manager had ensured that there was a management team always available to support the people and staff that were approachable and passionate about providing the best possible care to people.

There were effective systems in place to monitor the quality and standard of the service such as regular audits of care plans and 'spot checks' on staff; these ensured that the staff were delivering the care and support as requested in a way which promoted people's individual needs and were following the procedure and guidance given. Through these systems the registered manager had recognised areas of the service which needed to be improved; for example the inconsistency in the application of the principles of the Mental Capacity Act and was taking action to address this. The provider made regular quarterly visits to check that the systems in place were effective and managed in way to ensure the continuous development of the service. The registered manager submitted reports each month such as accidents and incidents which enabled the provider to have an overview of the service and look out for any trends in incidents which may need addressing.

People were encouraged to give their feedback about the service. One of the management team would visit people to gather their views. A relative told us "[Name] visits each month to ask us about the service." One relative told us that after speaking with one of the managers they had reviewed the contact details in relation to who to contact 'out of hours' if needed; there was now only one number to call at any time of the day which made it easier for people, particularly those people living with dementia.

The provider sent out annual surveys to everyone who used the service and to the staff; at the time of our inspection there were no results of the survey for us to read. However, we did read a comment a family had made about Northamptonshire Community Services 'Everybody has been so helpful and friendly; we are very happy with the support received.' This supported our overall impression of the service from speaking with the people using it and the staff who were happy and proud to work for the provider.

The culture within the service focused upon providing people with good person-centred care which promoted people as individuals and supported them to stay in their own homes. One relative told us "They are like angels; I feel I have my life back as I am confident in the care and support they give to [relative]." All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met; for example to help someone living with dementia the staff had each provided a picture of themselves to help the person to recognise who was coming into their home.

Staff felt listened to and there were regular staff meetings. One member of staff told us "The staff meetings are a good opportunity for us to get together and share our thoughts and ideas." Minutes of the meeting were taken and circulated to everyone to ensure everyone was kept up to date.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people and staff were able to access them electronically to keep themselves up to date. There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included safeguarding, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were able to demonstrate their understanding of their role and responsibilities specifically in relation to safeguarding and whistleblowing.

Northamptonshire Community Services strived to provide a service which was tailor made to meet the individual needs of people and support them to live as independent and fulfilled life as possible. The registered manager and provider were committed to providing well trained and motivated staff.