

Northamptonshire County Council

START North

Inspection report

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Date of inspection visit:
13 May 2019
14 May 2019

Date of publication:
03 June 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 North (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 because of a crisis or illness, or following a discharge from hospital. The service provides short term support for people to regain independence, or identifies if people require a permanent care provider to meet their longer term care needs. In addition, this service 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).

People's experience of using this service:

People told us they felt safe receiving care from the staff.

Medication was administered safely and records kept were accurate.

Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

People told us that staff arrived mostly on time, and they received the support they required.

Staff were trained to support people effectively.

Staff were supervised and felt confident in their roles.

When required, people were supported by staff to prepare food.

When required, people had support with healthcare arrangements.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them.

People were supported in the least restrictive way possible.

Care was completely personalised to each individual, and an innovative approach to supporting people and their families led to positive outcomes for people living with dementia.

People and their families had access to a wide range of expertise which enabled them to receive the care they wanted, in their own homes for as long as was possible.

People and their families were involved in their own care planning as much as was possible.

A complaints system was in place and was used effectively.

The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

Audits took place which were effective at finding fault, and appropriate actions were taken.

The service had a registered manager in place and staff felt well supported by them.

Rating at last inspection: This was the first inspection for this service since their registration on 19 April 2018 with the Care Quality Commission.

Why we inspected: This was a planned comprehensive inspection

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our 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 North

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one inspector.

Service and service type:

START North is a domiciliary care agency. It provides personal care to people living in their own houses and flats and provides a service to a range of adults. Not everyone using the service received the regulated activity 'personal care'. 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 consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means 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:

The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available. The inspection started on 13 May 2019 by visiting the office location to meet with the registered manager and staff, and review records, policies and procedures. On 14 May 2019 we made telephone calls to people using the service.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). The PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked

at other information received from the provider, such as statutory notifications about events the provider must notify us about. We also reviewed feedback from other professionals who work with the service. We took all the information into account when we inspected the service and making the judgements in this report.

During our inspection we spoke with four people using the service, three relatives of people using the service, three care staff, a nurse and occupational therapist employed by the provider, and the registered manager. We reviewed the care records for four people using the service, and other records relating to the management oversight of the service. These included two staff recruitment files, staff training and supervision records, policies and procedures, surveys and feedback from people who used the service and quality assurance audits.

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 and relatives we spoke with confirmed they felt safely supported by the staff that visited them. One person told us, "They [staff] know what they are doing. I feel safe and they are helping me regain confidence."
- Staff were knowledgeable about the different types of abuse and how to report any concerns. Staff confirmed they received safeguarding training and were confident to report any concerns.
- Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken to ensure people's safety.

Assessing risk, safety monitoring and management

- Risk assessments documented in detail any risks that were present in people's lives, and enabled staff to work safely with people. Assessments covered falls, personal care, the home environment, and medicines administration.
- People and relatives we spoke with told us they thought that risk was assessed safely, and that all care tasks were carried out by staff who followed procedure and understood what risks were present.

Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.
- People and relatives told us they felt there were enough staff working for the service, as they did not have any missed calls, and staff were usually on time to visit them. One person said, "They are mostly on time. I have only been using them for a couple of weeks, but so far so good."
- The service provided care to people for short periods of time only. People told us that staffing was consistent during the time they used the service.

Using medicines safely

- People's medicines were managed safely. Staff told us, and records showed, they received training in the safe handling and administration of medicines.
- Records showed the medication administration records (MAR) were completed accurately by staff after giving people their medicines.
- Thorough audits took place which picked up any minor errors in recording, and actions were set with staff for improvement.

Preventing and controlling infection

- People told us that staff followed infection control procedures.

- Staff told us, and records showed, they received infection control training.
- The provider ensured personal protective equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.

Learning lessons when things go wrong

- Incidents and accidents were recorded by staff accurately. We looked at these records and saw that appropriate actions were taken in response to any accident, and follow up actions were taken when required to learn from any accidents.
- A system was in place which ensured that incidents were brought to the attention of management, and trends could be identified and monitored.
- Staff told us if incidents and accidents occurred they were confident the registered manager would share learning through team meetings.

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's care needs were assessed and detailed in their care plans, this included their physical abilities, independence, choices, relationships and culture. People's goals and aspirations had been considered and staff were supporting people to achieve them.
- Staff provided short term support for people to regain independence or worked with them to assess and identify if they required a permanent care provider to meet their longer term care needs.

Staff support: induction, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job. There was a training schedule to monitor when updates were due.
- There were several staff who were overdue a refresher course on some training. The registered manager told us they would be put on this refresher training shortly.
- Staff confirmed they received regular spot checks, supervisions and appraisals and told us they felt well supported in their role.

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

- Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts. One person told us, "My family usually help me out with meals. I know I can ask the staff for assistance if I need it."
- Most people required minimal support in this area, but staff understood the support required and records reflected how people should be assisted with food preparation.

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

- The registered manager and staff worked in partnership with health and social care professionals to maintain people's health. This included an in-house Admiral Nurse (dementia specialist) and occupational therapist.
- People's files detailed their health conditions. Many people were being supported in their homes after stays in hospital, and their care plans reflected what healthcare needs they had. People we spoke with felt their healthcare needs were being met, and the support they received was enabling them to recover and remain in their own homes.

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.

- Staff told us and records showed they received training on MCA. Staff understood the importance of supporting people to make choices, and people confirmed the staff always asked their consent before providing their care.
- The registered manager confirmed no people using the service were currently subject to any restrictions to their liberty under the Court of Protection.

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 their relatives felt they were well treated and cared for with dignity and respect. One person said, "They [staff] are lovely to me, always very kind." One relative of a person told us, "[Name] always tells me the staff are lovely to them. They would soon tell me if they didn't like the staff, so I know it's working for them."
- Staff we spoke with said they understood the importance of treating people with respect and gaining people's trust, particularly considering the short term of care they provided.

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

- People and their relatives we spoke with told us they were involved in decision making about their care. People confirmed that staff regularly checked with them to see if any changes were required, and that the care plans in place were a good reflection of their needs. One relative of a person told us, "I have found them very helpful. They have involved me from the start, and I feel like [name] is being well looked after."
- The registered manager said that people were regularly consulted and encouraged to feedback on their care, and express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff told us their support would always focus on encouraging people to do things for themselves and encouraging independence. One staff member said, "Some people will only need care for a few weeks after hospital, so it's our job to help them back to their feet again, and then they can do most things for themselves. Others will always require care of some sort, but we still encourage people to do things for themselves if they can."
- People told us their privacy and dignity was always respected. For example, they described how staff ensured curtains and doors were closed when providing their personal care.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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

- There was a positive ethos within the service to enable people to remain in their own homes if they wanted to and receive care, instead of having to go in to residential care or hospital.
- The care delivered was completely personalised to each individual, and a wide range of expertise and innovation was used to gain positive outcomes for people and their families. The service had their own Admiral Nurse who specialised in dementia. This provided focussed support for the family members of people who had dementia. Support including education around dementia and couples therapy, helped relatives of people with dementia to understand the condition, and in turn, support people better within their homes.
- There were numerous examples of positive feedback from relatives of people. One written comment said, 'Your caring has made such a difference, I would have found it difficult sometimes to cope, and our family have appreciated the fact someone has called to check that all is well here.' Another person said about the Admiral Nurse support, 'The nurse has been great, she has talked to me and explained so much about [name's] dementia that we did not know or understand, she helped me understand why I am feeling the way I am, and trying to help me cope.' A third person said, 'I know I would not have been able to cope without the support of the Admiral Nurse. I was in a very dark and lonely place, and it was only with their support that I was able to turn things around'. All the relatives we spoke with confirmed the positive effects of support they received.
- There was an in house occupational therapist who worked with people to increase their independence and mobility within the home. The occupational therapist told us, "We do everything possible for people to be able to stay at home, people do better in their own homes, so we try to promote that."
- The office for the service was located next to an assistive technology department which worked in partnership with the provider. The occupational therapist said, "One person we support has dementia and has been getting out of bed at night. This has caused some concern from family due to the risks involved, so we have spoken with the assistive tech team, and we have ordered an alarm which alerts family members every time the person gets out of bed at night. It will be installed tomorrow. We can get assistive technology for people very quickly."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they needed and were confident their concerns would be listened to and acted upon as required.
- The people we spoke with said they had not had to make any formal complaints but would do so if needed.
- When complaints were made, we saw that the service followed a complaints policy and recorded and responded to each complaint promptly.

End of life care and support

- No end of life care was being delivered by the service. The registered manager was aware of what actions to take should someone require end of life care.

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

- The management and the staff put people at the centre of the service, and provided good quality care that focussed on people's immediate needs, as well as who and where they may require care from in the longer term.
- People, their relatives and staff all felt the service was well run. Everyone we spoke with felt the service was organised and had good communication throughout.

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

- Staff were clear about their roles. Within the office there were several staff in different roles who covered things such as care scheduling, assessing, training and more. Everyone we spoke with was confident in their role and understood their responsibilities.
- Regular records and systems checks took place to monitor the quality of the service. Areas for improvement were highlighted and action plans developed.
- Staff received regular supervision, appraisal and spot checks. These were used to offer guidance and support as well as monitor quality.
- The service notified the Care Quality Commission of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.

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

- People we spoke with confirmed that they were regularly asked to feedback and be involved in their own care. Feedback was regularly sought from people and relatives of people using the service, and this feedback was reviewed and analysed to make any required improvements.
- Staff told us they felt well supported and were confident in the management team. One staff member told us, "A lot of us have worked here for a very long time, I love the job, it's a great team to work with and the support from the manager is good."

Continuous learning and improving care

- Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care. The audits we saw were effective, and discovered errors when they were made.
- Team meetings took place to feedback information to staff, and allow a forum of discussion for staff. One

staff member said, "I am certainly happy to raise anything within a meeting if I think we need to talk about it."

Working in partnership with others

- The registered manager worked in partnership with others and was receptive to, and understood, the areas for improvement that were identified.
- When required, the service worked in partnership with other health and social care professionals involved in people's care.