

Northampton Nursing & Carers Agency Limited

Northampton Nursing and Carers Agency

Inspection report

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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

This announced inspection took place on the 22, 23 and 24 June 2016. Northampton Nursing and Carers Agency provides a personal care service to people who live in their own homes in the community. There were 85 people using the service.

At the time of the inspection there was no registered manager. 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. There was a manager in post who was in the process of applying to the Care Quality Commission to become the registered manager.

People had care plans that met their individual needs and wishes. Records contained information to assist care workers to provide care and support in an individualised manner that promoted people's independence and supported their choices.

People were cared for safely in their own home. 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.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

People received care from staff that were friendly, caring and compassionate who treated them as individuals and respected their dignity. Staff had the skills and knowledge to provide the care and support people needed and who were supported by a management team that was receptive to ideas and committed to providing a high standard of care.

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

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 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.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff received training 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 were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

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.

Good ●

Is the service well-led?

The service was well-led.

People 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.

The provider monitored the quality and culture of the service and strived to lead a service which supported people to live as independent a life as possible.

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 22, 23 and 24 June 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 a member of staff would be available.

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 also contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we spoke with three people who used the service, two relatives, six care staff, three care co-ordinators, an administrator, the manager and the provider.

We reviewed the care records of six people who used the service and four 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 with the staff that came into their home. One person said "I feel very safe with all the staff; they know what they are doing." People were supported by staff that 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 concern they would report it straight away to the manager. Staff had confidence that management would take the appropriate action. We saw that appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified. The manager had taken prompt action following a safeguarding concern and ensured that measures were in place to support people and review their safety. We saw from staff records that all staff had received safeguarding training and undertook regular refresher training.

People's individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people who had been assessed as at risk of falling had a risk assessment in place which gave details to the staff as to how to mitigate the risks of falling. There were also risk assessments in place for people who required a hoist to transfer them from their bed to a chair; staff had received the appropriate training and information was available to ensure they used the hoist correctly. The care plans were reviewed regularly and updated as and when necessary. One person told us they worked closely with the manager to ensure that the care plan continued to meet their needs safely.

Training records confirmed that all staff had received health and safety, manual handling and infection control training. Accidents and incidents were recorded and reviewed to look for any incident trends and to see whether any control measures needed to be put in place to minimise the risks.

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 the provider. A new member of staff told us "I was not allowed to go out and shadow people as part of my induction until all the background checks had been completed."

People told us that they felt there was enough staff to meet their needs. One person told us "They always come at the time I want." Another person said "I have a team of staff who all know my routine." The staff we spoke with said they felt there were enough staff and that they had the time to support the person with their personal care needs; if they needed more time they just contacted the staff in the office to let them know. We could see from the staff rota that the needs of people had been taken into account when planning the rota and account had been taken of the travel time between calls.

People's medicines were safely managed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and training records confirmed that this was updated on a regular basis. The people we met and spoke to were responsible for the storage of their medicines; we saw that staff had completed the medicine administration record sheets correctly when they had supported people to take their medicines. There was

information available which detailed what medicines people were prescribed. The staff told us if they had any concerns or questions they spoke to the manager who responded promptly.

Is the service effective?

Our findings

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. One person told us "The staff know what they are doing; new people are sometimes hesitant but they are always with someone who is experienced. They are very good." A relative told us "[Name of relative] needs to keep to their routine and have people who know what they are doing, the staff are definitely trained."

The staff spoke positively of the support and training they had been given. One member of staff said "If you think you would benefit from training about a particular condition then a course would be found for you." All new staff undertook a thorough induction programme which included classroom based training in manual handling, health and safety, understanding the role of a care worker and safeguarding. Once new staff had completed the first part of their induction they worked alongside more experienced staff before they worked alone. All staff were expected to undertake the Care Certificate; the Certificate is based on 15 standards and 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.

Staff told us they felt well supported and valued in their roles. We saw from staff records that all staff received regular supervision and on-going support. 'Spot checks' were undertaken on a regular basis; these enabled the manager to ensure that all staff were following the provider's procedures correctly and were delivering safe care. Staff confirmed that in supervision they discussed their individual performance and identified any further training they could benefit from. Staff were encouraged to develop their knowledge and understanding and to undertake further qualifications. The provider had identified the need for more specialist training, for example in bowel management and end of life care which meant staff were skilled to deliver specialist support when needed. The management team all regularly worked alongside staff which gave them the insight into any potential difficulties staff faced and how to overcome them. A number of people said they knew some of the management team and were happy they came out to do their call if their regular care staff were away.

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 they were. Staff sought the consent of the individual to complete everyday tasks; they were aware if a person had been deemed to lack the capacity to give their consent the service would ensure that appropriate steps would be taken legally to identify someone to act in their best interests. The majority of the people using the service were able to give their consent and were actively involved in their care plan; where it had been identified that someone lacked capacity appropriate actions had been taken.

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 or drinking. Visits were planned around meal times for some people to ensure that they had something to eat and drink. One person we visited told us "They come at meal times as I can't get anything for myself, I tell them what I want and they prepare the food." We saw that the person also had a cold drink left beside them should they need a drink in between calls. Another person explained that they needed to have a nutritious milkshake twice a day so their visits were reviewed to ensure they got these. We saw from records where concerns had been raised about someone's weight loss a dietitian had been contacted.

People's healthcare needs were carefully monitored. Records showed that people had access to a range of health professionals, including the District Nurse, GP and occupational therapist. One person told us "The staff support me to attend my physiotherapy session."

Is the service caring?

Our findings

People were supported by staff that were friendly, kind, competent and caring. One person commented "The staff are considerate, very very caring, friendly and polite; they will always check if there is anything else I need and get me shopping if I need it." Another person said "I have a team of regular staff, they are all friendly, professional and kind; they are a very good team." A relative told us "The staff are usually cheerful, very good; worth their weight in gold."

Care plans included people's preferences and choices about how they wanted their support to be given. People told us that staff took time to listen to them and respected their wishes. One person said "The staff always have a good chat with me; it's like having a bunch of friends visiting each day." One relative said "Some staff ask me if I need anything, which is nice." The provider had tried to ensure that the same staff supported people. Staff tended to work within a geographical area managed by one of the care co-ordinators. This meant both the staff and care co-ordinators got to know the people in that area well and the people knew who they could contact in the first instance if they needed to. The co-ordinators went out to visit people on a regular basis. One person told us "I have a team of about five staff who have all been trained to meet my needs and work with me." The care co-ordinators covered for any absences which meant people were familiar with all the staff.

People told us that they felt staff respected their dignity and privacy and never spoke to them about other people who used the service. Staff described to us about how they maintained 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 member of staff said "I talk to people to encourage them to do as much as they can for themselves, it puts people at ease." They described how they met people's individual cultural needs and what they had done to gather more information when they had supported people with different religious and cultural needs.

The majority of people receiving personal care were able to express their wishes and were involved with their care plans. One relative told us "I can hear what the carers are saying to [Name of relative] they constantly chat with them and explain what they are doing, which really helps." We spoke with the manager about what support was available should a person not be able to represent themselves or had no family to help them. The manager explained that if that situation did arise they would support the person to get an advocate. At the time of the inspection no one had needed the support of an advocate.

Is the service responsive?

Our findings

People and their families initially met with the manager 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. Management ensured they had sufficient resources to meet people's needs before people were offered a service. This meant that people's needs were consistently and effectively met.

People were involved with developing and updating their care plan which detailed what care and support they needed. One person said "We review the care plan at least twice a year, more if needed; it gives the staff an idea of my needs and then I explain more if I need to. The staff are very good." One relative told us "There is an on-going review of the care plan to meet our changing needs. [Name of care co-ordinator] has made sure our package has been increased to meet [relative's name] needs." The care plans detailed the care and support needed and included information about people's condition and any known allergies which ensured staff knew what to do should an incident occur.

Staff knew people well and spoke fondly of the people they supported. One member of staff described someone's love of gardening which although they were no longer able to work in their garden they liked to talk about it. 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. This ensured consistency in the care being provided.

People and their families were given information about what to do if they had a complaint or needed to speak to someone about the service. The provider had ensured that there was always someone people could contact 24 hours a day. People told us that they would speak to the manager or any of the staff if they had a complaint and knew someone was available at any time. One person told us "I will always speak to [Name of manager] if there are any issues and we sort things out."

We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to. The manager kept a log of any complaints which included any outcome and action taken. We saw that the manager had responded promptly when a complaint had been made.

Is the service well-led?

Our findings

The registered manager had recently left and another manager from within the agency had taken over their role and was in the process of applying to the Care Quality Commission to become the registered manager. This had given some continuity within the management of the service; the people who knew the manager commented how beneficial it was as she understood their needs and the needs of the service. The manager was supported by the provider and a small team of care co-ordinators; it was evident that the management team worked well together and were committed to providing a service which met people's individual needs and choices. The people who used the service had been kept informed of the changes in the management structure and knew who to contact.

The culture of the service was focused upon maintaining, protecting and enhancing the health and well-being of people so that they could live as independently as possible. One person told us "My package is involved and everyone has been pro-active to make any changes when needed." All of the staff we spoke with were committed to providing a high standard of personalised care and support and expressed how happy they were to work for the provider. A number of staff had worked for the provider for several years which meant that people were supported by a consistent team of staff. Staff were focussed on the outcomes for the people that used the service and we could see that the staff worked well together. We saw as staff came on duty that there was good communication between them and everyone seemed committed to delivering the best service they could.

Regular visits were made to people by either the manager or one of the care co-ordinators to get feedback from them about the service. The information gathered was collated and changes made. In one case a family had asked for a different carer and we saw that their request had been met. Another person had asked for changes to how their rota was written and the person was able to confirm with us that this had happened.

There were systems in place to monitor the quality of the service and the manager ensured that there were audits undertaken which included the auditing of care plans and staff records. These could be improved to ensure that all documents were consistently dated. Spot checks were made which ensured that staff were working to agreed care plans and in line with the standards and expectations of the service; they also gave people a further opportunity to feedback about the service.

Learning from the outcome of complaints and safeguarding investigations was recorded and shared with staff through staff meetings and a staff newsletter. There was commitment from the provider to ensure the service was compliant with the regulations and that the standard of care was consistent.

Staff felt listened to and there was a staff feedback survey undertaken on a regular basis. One member of staff said "We have staff meetings and we can raise things there if we want to." Staff told us that they were involved with the development of people's care plans. The management were receptive to their ideas and suggestions and made the appropriate changes when necessary. One suggestion had been made about staff taking a lead as a main carer for people and when we spoke to people who had been supported for

several months they confirmed they had a main carer and a care co-ordinator they would contact.

Records relating to the day-to-day management of the agency were up-to-date and accurate. Care records reflected the level of care received by people. Records relating to staff recruitment and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications and specialised training was provided.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included management of medicine, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role.

The management and staff strived to provide people with the care and support they needed to live their lives as they chose. The provider was committed to providing well trained and motivated staff and looked for opportunities to develop the service to be able to offer a more specialised service to meet the specific needs of some people which other agencies were not able to do. For example, the service was working with an associate of Stoke Mandeville hospital to equip the staff to provide specialist care in relation to bowel management.