

R & JW Care Ltd







HomeInstead Senior Care Northampton

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	

Overall summary

This domiciliary care inspection took place over two and a half days on 5, 6 and 11 November 2015.

HomeInstead Senior Care Northampton is a domiciliary care agency that provides care and support to adults that live at home, predominantly in and around Northampton.

A registered manager was in post. 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.

Summary of findings

People were supported in their own homes by trained staff that were able to meet people's needs safely. There were sufficient numbers of staff employed to meet people's assessed needs.

People were protected from the risks associated with the recruitment of staff by robust recruitment systems and appropriate training. Risk assessments were in place to reduce and manage the risks to peoples' health and welfare.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. People were encouraged to be involved in the development and review of their care plan.

People were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. Staff were caring, friendly, and

responsive to people's changing needs. People received support from staff that were able to demonstrate that they understood what was required of them to provide people with the care they needed. People had been kept informed in a timely way whenever staff were unavoidably delayed, or when another staff had to be substituted at short notice.

People's rights were protected. People knew how to raise concerns and complaints. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

There were systems in place in place to assess and monitor the quality of the service. People's views about the quality of their service were sought and acted upon.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received care and support in their own homes by suitable staff that had been appropriately recruited.

People were protected from unsafe care. Risks had been assessed and appropriate precautionary measures were taken when necessary to protect people from harm.

Good



Is the service effective?

The service was effective.

People received a reliable service. Communication between staff and people regarding unavoidable delays or other changes to their service was timely and appropriate. Contingency staff arrangements were in place to ensure the continuity of the service when staff were sick or on holiday.

People received care and support in their own homes from staff that were supervised and knew their job.

Good



Is the service caring?

The service was caring.

People were treated kindly, their dignity was assured when they received personal care and their privacy respected.

People were individually involved and supported to make choices about how they preferred their agreed day-to-day care. Staff respected people's preferences and the decisions they made about their care.

People received their service from staff that engaged with them, encouraging and enabling them to be as independent as their capabilities allowed.

Good



Is the service responsive?

The service was responsive.

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them so that the agreed service met their needs and expectations.

People's care plans were individualised and where appropriate had been completed with the involvement of significant others.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good



Is the service well-led?

The service was well-led

People benefited from being supported by staff that had the managerial support they needed to do their job.

Good



Summary of findings

People received a service from a team of staff that took pride in providing good care.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

HomeInstead Senior Care Northampton

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 unannounced inspection was carried out by an inspector and took place over two and a half days on 5, 6 and 11 November 2015.

With domiciliary care agencies we can give the provider up to '48 hours' notice of an inspection. We sometimes do this because in some community based domiciliary care agencies the registered manager is often out of the office supporting staff or, in some smaller agencies, providing care. On this occasion the initial inspection visit to the agency office was unannounced and the registered manager was present for the inspection to continue on 5 November 2015.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited the agency office. We met and spoke with six staff, including the registered manager. We reviewed the care records of six people who used the service. We looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

We took into account people's experience of receiving care by listening to what they had to say. We visited four households with people's prior agreement. With people's permission, we looked at the care records maintained by the staff that were kept in people's own homes. We also spoke with eight people over the telephone to ask them about their experience of using the service.

Is the service safe?

Our findings

People were protected from unsafe care. Individualised care plans and risk assessments were in place that ensured people were safely supported according to their needs. . Care plans contained an assessment of the person's needs, including details of any associated risks to their safety that their assessment had highlighted. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Care plans were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes occurred.

People were protected from harm arising from poor practice or ill treatment. There were clear safeguarding procedures in place for staff to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people.

People were kept advised of staff changes or delays in staff arriving to care for them; this reassured people that they had not been 'missed'. Staffing levels were maintained at a level that safely met people's needs because day-to-day scheduling took into account vacancies for staff as well as

unexpected absences due to sickness and holiday leave. One person said, "On the rare occasions when they [staff] are running late they always phone. I'm never left wondering what's going on." Another person said, "I've never been 'let down' even when they [staff] have phoned in poorly. I can count on them."

People were safeguarded against the risk of being cared for by unsuitable persons because staff were appropriately recruited. All staff, including those who were office based, were checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their care duties. Newly recruited staff 'shadowed' an experienced staff before they were scheduled to work alone with people receiving a service.

People had care plans kept in their homes with their agreement, with an up-to-date copy held at the agency office. Care plans provided staff with the guidance and current information they needed to provide people with safe care. Where pertinent people's care plans accurately provided staff with up-to-date information about people's healthcare needs and other factors that had to be taken into consideration, such as the person's ability to communicate their needs, so that safe care was provided.

Is the service effective?

Our findings

People received care and support from staff that had acquired the experiential skills as well training they needed to care for people living in their own homes. Newly recruited staff had received a thorough induction that prepared them for the demands of their job. Staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their care duties.

People's needs were met by staff that were effectively supervised. Staff had their work performance regularly appraised at regular intervals throughout the year by the registered manager. Staff participated in 'supervision' meetings and they confirmed that the registered manager was readily approachable for advice and guidance.

People received a service from staff that had been provided with the appropriate guidance and information they needed to do their job. Staff had a good understanding of people's needs and the individual care and support that had been agreed. Timely action had been taken if there were concerns about people's wellbeing, raising these directly with family members or, where appropriate and with people's consent, to external professionals such as their GP or community nurse.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves.

There was a computerised system for monitoring when staff arrived and left a person's home. This system triggered an alert for office based staff to identify a 'missed' or 'late call' and was an additional safety precaution that was monitored throughout the day. This system worked well and ensured they consistently received their care when they needed it. Office based staff were enabled to make timely alternative arrangements whenever the scheduled service was disrupted because they were able to quickly identify the problem and take action to resolve it.

Regular unannounced 'spot checks' to observe and assess if staff were doing their job effectively; for example observing how staff interacted with people and if they used personal protective equipment such as aprons and gloves. One relative said, "It's reassuring to know that they [registered manager] keeps 'an eye' on how they [staff] do their job. Not that I have any worries about that whatsoever. They [staff] are 'on the ball' when it comes to doing what my [relative] needs."

Is the service caring?

Our findings

People said that the staff were familiar with their routines and preferences for the way they liked to have their care provided.

People's dignity and right to privacy was protected by staff. People's personal care support was discreetly managed by staff so that people were treated sensitively. People were treated as individuals that have feelings, especially with regard to having anxieties about needing help in their own home just to manage their daily lives.

People received support from staff that were mindful of the sensitive nature of their work and they respected confidentiality. One relative said, "They [staff] are always discreet and never talk out of turn to my [relative] about anyone else they support. Not that [relative] would ask them to but it's good to know that people's privacy is protected."

People received their care and support from staff that were compassionate, kind and respectful. One person said, "My [Relative] says they [staff] are always very considerate and cheer [relative] up with their good humour and friendliness. That's really important when people like [relative] spend much of their day in their own company." Another person said, "They [staff] have all got a nice way with them and I look forward to them coming."

People were encouraged to manage as much as they could for themselves. One person said, "They [staff] take things steady and never hurry me along. They are busy but never make me feel that I'm just a number. [Staff] that comes to me always chats away but still always gets the job done."

People received a package of information about their service and what to expect from their staff. This information was provided verbally and in writing. It included appropriate office contact numbers for people to telephone if they had any queries. One person said, "I know how to get in touch with them if I need to."

Is the service responsive?

Our findings

People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. Where practicable scheduled support visits were organised to fit in with people's daily routines. As far as practicable people who required support to get up in the morning, or to retire to bed, received their care at a time to suit them. Where it was not feasible to accommodate people's time related preferences they were offered alternative timings when their needs were assessed.

People's care plans contained information about their likes and dislikes as well as their personal care needs. They contained information about how people communicated as well as their ability to make decisions about their care and support. If people's ability to communicate verbally

had been compromised then significant others were consulted so that care plans reflected people's preferences as much as possible. One relative said, "My [relative] is a bit forgetful so they [staff] always double check with me if they are unsure about anything and [relative] is happy with that."

People were encouraged to make choices about how they preferred to receive their care. Choices were promoted because staff engaged with the people they supported at home. They asked people how they liked things done. One person said, "They [staff] don't just do things their way. They'll ask me first."

People knew how to complain and who they could contact if they were unhappy with their service. There was a complaints procedure in place. Complaints were responded to in a timely manner and outcomes were recorded. One person said, "I've not made any complaints but I would if I had to, or my [relative] would. They [staff] have always said I don't have to put up with anything I'm not happy with. I would call them [registered manager] but I can't see that I will ever have to."

Is the service well-led?

Our findings

People were assured of receiving a domiciliary service that was competently managed on a daily as well as long-term basis. A registered manager was in post when we inspected that had the knowledge and experience to motivate staff to do a good job. Staff confirmed that the registered manager or other senior staff were always available if they needed guidance or support. There was also an experienced staff member 'on call' to provide staff with 'back up' support when needed.

People benefitted from receiving care from a team of staff that were encouraged to reflect on the way the service was provided so that good practice was sustained. The registered manager used regular supervision and appraisal meetings with staff constructively so that any ideas for improving people's service were encouraged. Staff meetings were regularly held, usually in small 'team groups' made up of individual staff that were scheduled to support the same people, albeit on different days or times. These meetings provided an opportunity for all staff to be constructively outspoken about the quality of the service provided and to make practical suggestions about the way those people received their care and support.

People's care records were fit for purpose and had been regularly reviewed to include pertinent details related to changing needs. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They reflected the training and supervision staff had received. Records were securely stored in the registered manager's office to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been regularly reviewed and updated when required.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager. These audits included analysing satisfaction surveys and collating feedback from individuals to use as guidelines for improving the service where necessary. Staff said the registered manager was very approachable and they felt confident that if they witnessed poor practice they could go directly to them and that timely action would be taken. They had also been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).