

Carebank Healthcare Limited

# Carebank Healthcare Northampton

## Inspection report

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15 December 2021  
17 December 2021  
20 December 2021

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Carebank Healthcare Northampton is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was supporting four people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

Systems in place to monitor the quality, safety and performance of the service needed to be embedded before we could fully assess their effectiveness.

Risks to people's care were assessed but there was a lack of detailed information for new staff to follow to mitigate the risk identified. We have made a recommendation about risk management planning.

People were cared for safely. Safe recruitment practices were in place and staff understood their responsibilities to keep people safe from harm or abuse. People received their medicines safely and there were effective practices in place to protect people from infection.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider was open and honest and listened to people, taking action when necessary. They liaised with other health and social care professionals and were committed to providing person-centred care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update) The last rating for this service was requires improvement (published 8 June 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this inspection to follow up on the Warning Notice we previously served in relation to Regulation 17(Good governance).

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those

requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carebank Healthcare Northampton on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Carebank Healthcare Northampton

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The provider was also the manager registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 December and ended on 20 December 2021. We visited the office location on 15 December 2021 and made calls to people using the service and spoke further with the provider on 17th and 20th December.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We also used information we had received from the Local Authority. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the provider.

We reviewed a range of records. This included four people's care records and medicine administration records. Four staff files in relation to recruitment and staff supervision. A variety of records relating to the management and oversight of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with another provider who formed part of the contingency plan for the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to assess all risks to people and to ensure the safe and proper management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Assessment of risk to people's care had been undertaken and plans were in place to guide staff how to mitigate the risk identified. The information was limited and needed to be developed further to ensure it was sufficiently detailed to guide new staff. There was an over reliance of staff knowing the individual they were caring for. The provider agreed to review the information and ensure it was detailed enough to support any new staff employed.

We recommend the provider seek advice and guidance from a reputable source, around risk management plans.

- Fire and health and safety checks were in place which ensured people and staff were safe in the home environment.
- Since our last inspection the provider had revised the medicine administration records which had ensured staff could accurately record what medicines people were taking, how often and if medicines were not taken the reason recorded.
- Staff had received training in medicine administration and their competencies were tested.
- Visits to people were planned around their medicine requirements so they were supported to take their medicines at the prescribed time.

Systems and processes to safeguard people from the risk of abuse

- Staff knew what signs to look for to keep people safe from harm or abuse and were confident if they reported any concerns to the provider appropriate action would be taken.
- The provider understood their responsibilities to keep people safe and we saw they had notified the relevant authorities when safeguarding issues had arisen.
- People told us they were happy and felt safe with the staff who supported them.

Staffing and recruitment

- People were protected against the employment of unsuitable staff. Records confirmed that Disclosure and

Barring Service (DBS) checks were completed and references obtained. These are checks to make sure that potential employees are suitable to be working in care. Since our last inspection the provider had sought up to date DBS checks for all staff and ensured there were a minimum of two references for each member of staff.

- We saw from staff rotas they consistently supported the same people. People confirmed they knew the staff who supported them and were happy with the level of support they got. One person said, "The staff are great, they come on time and when I need them."

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff had completed training for COVID-19 and infection control. Personal protective equipment was provided to support people safely.
- The provider had an infection control policy and procedure in place to protect people from the spread of infections and understood their responsibilities in relation to testing staff for COVID-19.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and outcomes reviewed. For example, following an incident, codes were changed on the keypad to the person's home and protocols were put in place to reduce the risk of similar events happening again.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Part of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

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

At our last inspection the systems and processes were either not effective or thorough enough to monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had put a system in place to review care plans. We saw care plans had been reviewed and updated to reflect the current needs of people. However, the process had not identified risk management plans did not contain the detail required to support new staff. The system needed to be developed further and embedded before we are able to fully assess its effectiveness.
- Quality assurance systems had been improved. Medicine administration audits identified any shortfall, for example codes were being used to accurately record reasons as to why medicines were not taken, this enabled the provider to follow up with people and staff.
- The provider's recruitment policy had been revised to ensure relevant checks were in place in relation to safe use of staff from another agency when needed.
- The provider had submitted relevant statutory notifications to the Care Quality Commission (CQC) and had put a system in place to identify when statutory notifications were required.
- The provider was in the process of developing an overarching tool to enable them to maintain consistent oversight as the service grew and developed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were at the centre of everything the service did; the provider ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes and diverse needs. One person said, "We talk about what I need and want and plan my care together."
- People consistently told us they were happy with the service and felt in control of their care and would

recommend it. One person said, "[Name of provider], is very good, when I went to hospital, they stayed with me the whole of the time, we were there for over 10 hours."

- There was an on-call system in place. This ensured there was always someone for people and staff to contact if they had any concerns and enabled the service to respond to people's individual needs at any time.
- The provider actively sought feedback from people, staff and other health professionals about the service to enable them to improve. We read one comment from a professional in response to the question what are we doing well, the professional's response was, 'Communicating concerns quickly, attending meetings, knowledgeable about the people you work with.'
- Meetings with staff were held regularly which enabled them to share concerns, best practice and remain up to date with guidance and good practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Staff told us there was information about how to whistle-blow which ensured they knew how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon.

Continuous learning and improving care; Working in partnership with others

- The provider was open and responsive to any suggestions as to how the service could improve. They had worked closely with the local authority commissioners and had developed an action plan in relation to concerns raised by the commissioners. We saw they were actively making the improvements required.
- The provider and staff liaised closely with health and social care professionals, ensuring people's needs were appropriately met.
- The provider was aware as the service grew, they needed to embrace technology to help them maintain the oversight required to provide a good quality service.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.