

Your Care and Support Limited

Your Care and Support 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 ●

Summary of findings

Overall summary

Your Care and Support Northampton is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

Not everyone using Your Care and Support Northampton receives the regulated activity; 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 take into account any wider social care provided. At the time of our inspection, 34 people were receiving personal care.

This inspection took place on the 29, 30 and 31 August 2018. This was the first comprehensive inspection for the service since it registered with the CQC in September 2017.

The provider was also the registered manager at the time of our inspection. A registered manager is a person who has registered with the 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.

People received care from staff that were friendly, kind and caring; passionate about providing the care and support people needed and wanted to enable them to stay in their own homes. People felt cared for safely in their own home.

Staff had the skills and knowledge to provide the care and support people needed and were supported by a provider who was visible and approachable, receptive to ideas and committed to providing a high standard of care.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. People experienced caring relationships with staff and good interaction was evident.

Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. Care plans contained risk assessments which gave instructions to staff as to how to mitigate risks; these enabled and empowered people to live as independent a life as possible safely.

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.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals to the Court of Protection if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.

The provider continually monitored 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 and acted upon.

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 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?

Good 

The service was effective.

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

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

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 cared for by staff that were compassionate and committed to providing good care and support.

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.

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 were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good 

The service was well-led.

There was a culture of openness and transparency; the provider encouraged and supported the staff to provide the best possible person centred-care and experience for people and their families.

People could be assured that the quality assurance systems in place were effective and any shortfalls found were quickly addressed. ☐

Your Care and Support 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 announced inspection took place on 29, 30 and 31 August 2018 and was undertaken by one inspector, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 24 hours' notice because we needed to ensure someone was available to facilitate the inspection.

Before the inspection we reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. 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 monitor the care and support the people receive.

During the inspection we visited one person in their own home and spoke to six people who used the service by telephone and five relatives of people who were unable to speak to us themselves. We also spoke to three care staff, the branch manager and the provider.

We reviewed the care records of three people 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 told us they felt safe in their homes with the people who supported them. One person said "The care staff never rush me and will always ask if I am ready to do something like get up or go to the bathroom. They walk at the side of me too which makes me feel safe". A relative said, "My [relative] uses a riser to get from bed to chair etc. The staff are very good at assisting them in a safe way. I have no worries from that point of view".

Risks to people had been assessed; we saw that care plans and risk assessments were in place. These documents were individualised and provided staff with a description of any risks. The guidance for staff on how to support people to manage the risk could be strengthened to provide more detail. Staff understood the support people needed to promote their independence and freedom, yet minimise the risk. They could describe how they provided the care and support people needed to keep them safe.

The provider had a clear safeguarding procedure and staff knew what steps to take if they were concerned. One member of staff said, "I would contact the office if I had any concerns and if they (Branch manager or provider) did not do anything I would report it to the Care Quality Commission." We saw that where any issues around safeguarding had been raised that the provider had taken the appropriate steps to address the concerns.

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 the provider had tested their competency, and records confirmed this. There was information available which detailed what medicines people were prescribed. One member of staff told us, "My competency is tested about every six months, the branch manager or senior staff member comes out to check I am doing things properly."

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 service.

People told us that they felt there was sufficient staff to meet their needs. However, people's views differed about whether they had the same staff and they arrived on time. Everyone said the staff stayed for the agreed time and they were not rushed. One person said, "They [staff] come Monday and Friday which are the days I arranged. They come anywhere between 11am and 2pm although it is usually about midday. I ask as they are leaving if they are coming the next time and we sort out the time then. If it's not the same carer I just sit and wait for them. My [relative] gets an email each week that tells them who is coming. It is usually right." Another person said, "I get a list with the time on it and they are normally on time. If they were very late someone would usually let me know." A relative said, "The staff are usually on time but will ring and let us know if they are going to be late. We normally have a roster but sometimes I have to contact them if it hasn't arrived on time. The staff don't rush my [relative] but occasionally will leave early if they have finished what they need to do, on the whole they stay the full time".

The staff told us that they usually looked after the same people, but recently due to some staff leaving their schedules had changed so they were not always supporting the same people. We spoke to the provider about this and they acknowledged that over the last few weeks with holidays and vacancies maintaining consistency had been difficult. However, they were confident that things were improving with the recruitment of new staff and not taking any more work for the time being whilst staff settled in.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through emails, supervisions or contact from the management team. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong. For example, following an incident where a person slipped off their bed, their care plan was reviewed with them and an additional call was put in place.

Is the service effective?

Our findings

Detailed assessments of people's needs prior to agreeing a service were undertaken in line with guidance and good practice. The branch manager or supervisor met with people to discuss their needs and how they would like their care and support delivered. This ensured that the service provided met the person's individual needs and considered both their physical and mental well-being as well as their cultural needs. Advice was sought from other health professionals when needed and where appropriate a member of the family was involved to help the person express their requirements. One person told us, "I have a care plan, they [manager] spent a long time with me and wrote lot of things down. I felt very involved in the process."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection. At the time of the inspection no applications had been made to the Court of Protection.

People's capacity to consent to their care and support had been assessed by the provider, their relatives and the professionals involved in coordinating their care. Staff sought people's consent when supporting people with day-to-day tasks.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. One person said, "I get a hot meal every day. The staff will ask me what I fancy, and I try to do a bit for myself like preparing the veg. We get along well." A relative told us, "The staff are very good with [relative] they support their independence and encourage them to do as much as they can."

People received care from staff that had the skills and knowledge to support them. Staff training was relevant to their role and equipped them with the skills they needed to support people living in their own homes. Staff spoke positively about the training they had received both as they started to work for the service and the on-going training provided. One member of staff said, "My induction was very good and interesting. It was a mixture of classroom based training, doing manual handling and resuscitation and there was the theory and videos to watch. I then went out with the branch manager and other experienced staff to shadow them before I started working with people myself. I was also able to have more support if I needed it."

Staff told us they undertook refresher training which kept their skills and knowledge up to date. We saw that the provider had a comprehensive staff training matrix in place which highlighted when staff required refresher training.

All staff had regular supervision and appraisals were in place for when staff had worked for the service for over 12 months. One staff member said, "We have regular supervision and [name of senior staff] come and do 'spot checks' to make sure everything is ok. We can discuss any further training we might like, we are pretty well supported."

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. The provider confirmed that staff regularly liaised with district nurses and people's GPs when necessary and referrals were made to occupational therapists when needed.

Is the service caring?

Our findings

People and their families were very happy with the staff and the care and support people received. One person said, "I am very lucky in fact I feel honoured to have the carers I have. They are all lovely and worry about me. We have a laugh and I look forward to them coming. I can't speak highly enough of the care I get." A relative said, "They seem to be very caring staff and treat my relative with dignity and respect particularly when carrying out personal care."

Staff knew people well and encouraged people to express their views and to make their own choices. Care plans included people's preferences and choices about how they wanted their support to be given. One person said, "The staff have got to know me very well; they will do anything I ask and are always checking if there is anything I need. They support my independence."

People received their care in a dignified and respectful manner. People told us that they felt they were respected and that their dignity was protected. One person said, "They always treat me with dignity, particularly when washing. I am very pleased with them as a company. Once I had a man and he asked if I would mind him caring for me, I declined and said I would prefer a lady, he's not been since. The staff are all very nice". A relative said, "The staff close the bedroom door and I hear them asking them if they are ready to get up or whatever. They listen to their needs. Lines are never crossed, I think there is a lot of respect from the staff for the situation."

Staff described how they protected people's dignity, they described closing curtains and doors to ensure no one could see in and always covered people up as much as possible to maintain their dignity. One member of staff said, "I treat people as I would wish to be treated myself." We observed one member of staff, they showed a clear understanding how the person liked to be treated and addressed.

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. One person told us "The staff never talk about other people with me."

At the time of the inspection most people receiving personal care could express their wishes and were involved with their care plans. People told us that the staff spent time talking to them. We spoke to the provider about what support was available should a person not be able to represent themselves or had no family to help them. The provider explained that if that situation did arise they would support the person to get an advocate. An advocate is an independent person who can help support people to express their views and understand their rights.

There was no information readily available about advocacy for people however, the provider agreed to ensure information would be included within the information pack which people received as they commenced the service.

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and care plans had been developed with people and where appropriate their relatives. One relative said, "[Relative's] care plan is up to date and they were fully involved in developing it."

Staff knew people very well; they understood the person's background and knew what care and support they needed. There was a 'map of life' document in people's care records which detailed their past life, family and significant people in their lives, hobbies and interests. This enabled staff to have meaningful interactions and conversations with people. One member of staff told us about a person who had fought during the war so they had spent time talking about their experience.

People received care for a minimum of a half an hour at a time which gave them and the care staff the opportunity to get to know each other. People did not feel rushed and overall had the same care staff, which was important to people. One person said, "I like a long soak in the bath, so they [staff] will just go and get on with other things. They don't rush me and will stay as long as they should." However, one relative did tell us that recently there had been a lot of changes with the care staff and their loved-one had had care staff they did not know, which they did not like. The relative had spoken with the manager who had apologised and acknowledged there had been some difficulties in providing consistent care staff but that they were addressing this.

There was information about people's cultural and spiritual needs. 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.

People were supported to undertake activities or pursue any interest they may have; for example, people were supported to go shopping and access local activities in the community such as a local day centre.

At the time of the inspection no one was receiving end of life care. There was an end of life policy in place and when appropriate people would be asked about their wishes and preferences. The provider was in the process of looking at end of life training for staff and was aware of the support they could access from other specialist services.

People and their relatives knew how to make a complaint if they needed and were overall confident that their concerns would be listened to and resolved. One person said, "I would usually speak to [branch manager or senior staff] if I needed to. They do listen and try to sort out things". There was information about how to complain and we saw that when a complaint had been received this had been responded to in a timely way and action taken to address the concern.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory

loss can access and understand information they are given.

At the time of the inspection the service was not supporting anyone who specifically needed assistance with information. However, the provider told us that they would ensure that information would be made available to support people's different communication needs, for example, Braille, Large print, Audio tape and Symbol/pictorial based.

Is the service well-led?

Our findings

At the time of the inspection the provider was also the registered manager. However, an application had been submitted by the branch manager to become the registered manager.

The provider had a clear vision which was embedded into the service and from our conversations with people staff demonstrated their understanding of it. The vision was to 'Preserve people's independence and dignity.' People consistently said they were supported to remain independent and felt involved in their care.

We saw that people made choices in their everyday life, were involved in activities in the local community and were encouraged and enabled to remain as independent as possible. Staff, understood their roles and strived to provide the care and support people needed to live their lives to the full and as independently as they could.

People could be assured that the service was being managed competently. There were quality assurance systems in place and a programme of audits which were undertaken by the branch manager and other staff within the office. This included 'spot checks' of care staff to ensure they were undertaking their duties correctly which also gave the people receiving the service an opportunity to give their feedback. Regular audits were undertaken around care plans and medicine administration. For example, we saw that from one check the branch manager had identified that Medicine Administration record sheets were not always being signed, the staff involved were reminded of their responsibilities and an email had been sent to all staff to remind them of the importance of keeping records up to date.

In addition, the provider monitored the service through weekly reports from the branch manager and having regular meeting with senior staff where they would agree action plans to continuously look at service development and improvement. The provider was aware of their responsibilities; they had a good insight into the needs of people using the service, and clearly knew the people using the service. Action was being undertaken to address people's concerns of not always having the same care staff and being consistent with times of visits. There was an electronic system in place to monitor the calls which alerted the provider if staff were running late.

The service was open and honest, and promoted a positive culture throughout. Staff felt listened to and felt able to raise any concerns or ideas they may have about improving the service. The provider had spent time meeting people and people told us they had met the provider. One person said, "[Name of provider] has been a couple of times to check if everything is going well, she is very nice." A relative commented, "[Name of branch manager] came when we first started she sat and went through everything with us. [Name of senior staff] has also been to look after [relative] on a few occasions too. We can always feed back to them then".

Staff meetings were held which staff told us enabled them to raise various topics, including any areas of concern, learning and positive outcomes for people. The provider ensured that the service kept up to date with the current best practice.

The service worked positively with outside agencies. This included a range of health and social care professionals. The feedback we received from professionals confirmed this and we saw from records that the provider has liaised with the health commissioners and professionals such as District Nurses, Occupational Therapist and GPs.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.