Northants Care At Home Limited

Northants care at Home

Inspection report

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Date of inspection visit:
27 April 2016
28 April 2016

Date of publication:
31 May 2016

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 27 and 28 April and 3 May 2016. Northants Care at Home provides a personal care service to people who live in their own homes in the community. At the time of our inspection the service was supporting 16 people.

There was a registered manager in post at the time of our inspection. 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.

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 told us that they felt 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 kind, compassionate and caring and who would go the extra mile to support people and their families. Staff had the skills and knowledge to provide the care and support people needed and were supported by a management team which was receptive to ideas and committed to providing a high standard of care.
The registered manager was approachable and had systems in place to monitor 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.

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.

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).

People received personalised care and support. 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 peoples independence to ensure people were as involved and in control of their lives as possible.

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.

Staff were flexible in the length of time given at each visit to meet the needs of people who used the service.

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.

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. There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The manager 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.

Northants care at Home

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 27 and 28 April and 3 May 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.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. 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 commissioners who monitor the care and support of people living in their own home.

During the inspection we spoke with five people who used the service, three relatives, three care staff, a service manager and the registered manager.

We reviewed the care records of five people who used the service and five staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

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. One person told us "I feel safe with the staff; they know what they are doing." A relative said "I trust all the girls (staff) and feel we are safe in their hands." Staff told us that if they had any concern they would report it straight away to the service manager. Staff had confidence that management would take the appropriate action. We saw from staff records that all staff had received safeguarding training and undertook regular refresher training. The staff were supported by an up to date safeguarding procedure.

Peoples' 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 with limited movement around how to protect their skin integrity. The service manager reviewed the care plans regularly and staff told us that if they had any concerns the manager would visit and revise the plans and risk assessments. We read a comment from a health professional which said "Extremely happy with the attention to care given and the care they provide."

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 Northants Care at Home.

People told us that they felt there was a sufficient number of staff to meet their needs. One person told us "They are usually on time and always let me know if they are running late; they will always stay as long as they are needed." Another person said "They always have time to have a chat with me." The staff we spoke to 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 service manager 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. The agency only took on new people if they had sufficient resources available to meet the care and support required.

People's medicines were safely managed. Detailed 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. We observed that medicines were stored securely and that medicine administration record sheets had been correctly completed. There was information available which detailed what medicines people were prescribed and photographs had been taken of the medicines which helped staff to identify what they were. The staff told us if they had any concerns or questions they spoke to the service manager who responded

promptly.

Good

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 "They are [staff] unbelievably good; they know what I need." Another person said "They [staff] know what they are doing." A relative commented "The carers pick up on things that I don't and advise me if I need to get the GP out."

All the staff had worked for Northants Care at Home for a number of years. They spoke positively of the support and training they had been given over the years. They had all undertaken a thorough induction programme which included training in manual handling, health and safety and safeguarding and had worked alongside more experienced staff before they worked alone. The registered manager explained that if and when they recruited staff they would now be ensuring that all new staff undertook 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. We saw that all the staff had recently completed training around the standards in the Care Certificate to refresh their own knowledge and understanding. One member of staff told us how useful it had been to experience being hoisted as part of the practical part of the manual handling training they had undertaken; they said "It helped me to feel what it was like to be hoisted."

Staff told us they felt well supported and valued in their roles. We saw from staff files that all staff received regular supervision and on-going support. Supervision records detailed about individual staff performance and identified further training they could benefit from. The service manager was in contact with the staff on a daily basis and programmed herself to deliver care each week. The staff said this was good because the service manager fully understood what was needed and was able to respond quickly if changes to someone's care plan needed to be made. One person told us "[Service Manager] visited and discussed our expectations with us and sometimes comes out to help." Another person told us "I just speak to [Service manager] if I need anything."

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. At the time of our inspection the majority 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, for example we saw in one care plan staff were given details as to how the food had to be prepared i.e. pureed and how staff were to assist the person to eat. Daily records recorded what food and drink had been given or left. If the staff had any concerns about people's nutritional intake, or their ability to eat or swallow they were expected to report this back to the service manager who would contact the appropriate health professionals. We could see from records that a dietitian and Speech and Language therapist had been contacted. We spoke to one health professional who said that from their experience the provider was pro-active in responding to any concerns raised about a person's care.

People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including the District Nurse, GP and occupational therapist. One relative told us "The daily records are kept up to date by the carers which helps the District Nurse when they visit."

Good

Is the service caring?

Our findings

People were supported by staff that were compassionate, kind and caring and were willing to help people in any way they could. People told us how nice all the staff were and that they were always willing to help them and go the 'extra mile.' One person said "I can't wish for anything better they are all saints; they are flexible and reliable, absolutely brilliant." One relative told us "They are really caring people I would recommend them to anyone. We had other care agencies and the difference is that the staff care."

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 relative told us that the same staff usually came each day but as there was only a small number of staff they had met everyone. A person using the service told us "I usually get the same carers, they frequently do more than I expect." One member of staff told us "We can give continuity, we don't get shifted around a lot, and people don't get messed about. I have worked with some families for six years now, I know them all well." We could see from the staff rosters that people were assigned to the same carers and changes were only made if someone was absent. The people we spoke to all commented on how well the staff knew them. One person said "They have only been coming for a few weeks and already they feel like family."

Staff were able to describe 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. They spoke to us 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 will ask family to leave the room when I am attending to someone's personal care needs." People told us that they felt staff respected their dignity and privacy and never spoke to them about other people who used the service. One person told us "The staff sit and chat with me as I have my breakfast but they don't talk about the other people they help."

The majority of people receiving personal care were able to express their wishes and were involved with their care plans. People told us that nothing was too much trouble. One person said, "The staff are all very cheerful and do the things that you want them to do." We spoke to the registered 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.

Good

Is the service responsive?

Our findings

People and their families initially met with the service 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. The service manager took account of people's individual personalities and temperaments when allocating which carer's would best meet their needs. Management ensured they had sufficient resources to meet people's needs before people were offered a service. This ensured that people's needs were consistently and effectively met.

The care plans detailed what people wanted and when they wanted support. They were regularly reviewed and updated and we saw that if people needed to make changes at short notice this was accommodated. For example we heard the service manager speaking to a relative whose relative was to be discharged from hospital and they needed the care to go back into place that afternoon; the service manager arranged this. We spoke to the family concerned who commented how valuable such flexibility was for them; it meant that the person did not have to stay in hospital for any longer than they had to.

Detailed 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. One relative told us that the information recorded in the records was helpful to her to understand how her relative was each day. The staff had worked with one family to set up a communication book with them to ensure any messages the family wished to share were recorded and responded to each day. The family told us this was "Brilliant, they could not wish for anything better." Staff told us that they would report any concerns or issues to the service manager and that they spoke daily with the managers so that everyone was kept up to date. The service manager had ensured that records relating to people's nutritional intake were tailored to meet the specific needs of the individual, for example, the amount of food a person could manage was described as a tea spoon full or dessert spoon full.

People and their families were given information about what do if they had a complaint or needed to speak to someone about the service. The registered manager 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 relative told us "I can call day or night if I need to." However, the people we spoke to had nothing but praise for the care and support they received. We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to.

Good

Is the service well-led?

Our findings

Everyone we spoke with was full of praise about the service and the management of it. People benefited from receiving care from a well-established team that was enabled to provide consistent care they could rely upon.

Relatives and staff told us communication was good and they had positive relationships with the management. One person told us "If I ever have a problem [Name of manager] will resolve it immediately, things get sorted." A relative commented "[Name of manager] will come out if I need anything; I would definitely recommend the service." Staff told us they were proud to work at the service as they got to know people well and believed they delivered good consistent care. One member of staff said "We are a small agency, people can meet most of the carer's within a week and we get to know people well."

We could see from speaking to people, their relatives and staff and receiving feedback from health professionals that Northants Care at Home delivered on its commitment which was 'Caring for our customers is our business.' We read a comment from a health professional about the service manager 'How wonderful and caring [Name} was when dealing with [name], she showed so much compassion and patience, what a massive credit she is.' As the service manager regularly worked alongside the care staff if was evident how committed everyone was to provide a good quality service.

The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met.

Monthly surveys were sent out to people and their families to get their feedback on the service. The last survey had recorded a 100% satisfaction with the service and we read one comment 'The staff do as they are asked.' The registered manager visited people every three months and 'spot checks' were undertaken to ensure that the service was being delivered to the standards set out in its statement of purpose; it also gave the people and their relatives an opportunity to raise any concerns or comment about the service. The information gathered was used to continually develop the service.

Quality assurance audits were completed by the provider and registered manager to help ensure quality standards were maintained and legislation complied with. The provider was in contact with the registered manager on a weekly basis and visited the service each quarter. We could see from one visit that there had been a review of the paper work the service used and this had been revised and policies and procedures had been revised and updated.

Staff felt listened to and were in regular contact with the management. Staff told us that they were involved with the development of people's care plans. One member of staff told us "As we have a new person we work with them for a week and then feedback to management if any changes are needed such as the timing and length of visits." The management were receptive to their ideas and suggestions and made the

appropriate changes when necessary.

Northants Care at Home strived to provide a service which was tailor made to meet the individual needs of people and support them to live as independent and fulfilled life as possible. The management were committed to providing well trained and motivated staff.
Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately 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 safeguarding and recruitment procedures. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role.