

Northamptonshire County Council

Specialist Home Care Service for Older People North and South

Inspection report

Olympus House
Billing Brook Road
Northampton
Northamptonshire
NN3 8JH

Tel: 01604362255

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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

About the service: Specialist Home Care Service for Older People North and South is an assessment and reablement team and a domiciliary care agency. They provide care for people who need immediate short-term support to regain independence or, identify people require a permanent care provider to meet their longer-term care needs.

At the time of inspection were providing care for a total of 61 people:

- Forty people were receiving short term reablement care in their own homes
- Eight people were receiving domiciliary care in supported living accommodation
- Three people were receiving reablement care in step down beds provided by the local commissioners for people who require reablement following discharge from hospital
- Ten people living with dementia received long term care, however, this part of the service was being discontinued and people were being found new care providers.

People's experience of using this service:

Staff understood their roles and responsibilities to safeguard people from the risk of harm.

People received their care within planned timescales from skilled staff.

People's medicines were managed in a safe way.

Staff recruitment procedures were followed.

Staff received training and support to carry out their roles.

People were assessed for their safety to mobilise and for equipment to aid daily living.

People were supported to become more independent.

People were supported to access relevant health and social care professionals.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff gained people's consent before providing personal care.

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

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

People were involved in the planning of their care which was person centred and updated regularly.

People were supported to express themselves, their views were acknowledged and acted upon.

There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the care.

The registered manager had not managed the service since December 2018. An acting manager had been appointed who understood the provider's culture. The acting manager was respected by staff and had continued to improve the service.

Rating at last inspection: This was the first inspection for this service since their registration on 19 April 2018 with the Care Quality Commission.

Why we inspected: This was a scheduled inspection based on date of registration

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Specialist Home Care Service for Older People North and South

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Specialist Home Care Service for Older People North and South is a domiciliary care agency. It provides personal care to people living in their own houses and provides a service to a range of adults. Not everyone using the service received the regulated activity 'personal care'. 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 consider any wider social care provided.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information received from the provider, such as statutory notifications about incidents and events the provider must notify us about. We also sought feedback from other professionals who work with the service.

We took the information into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with nine people using the service and three relatives. We also had discussions with eight members of staff including the acting manager, a team leader, a supervisor and four care staff and the operations manager for the provider. We also spoke with the providers' short term reablement team. We checked the care records for three people using the service, and examined other records relating to the management of the service. These included four staff recruitment files, staff training and supervision records, policies and procedures and quality monitoring information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People told us staff helped them to feel safe. One person said, "I feel safe with them [staff], I fall a lot and they make me feel safe."
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. One member of staff said, "If I need to raise something I will speak to my manager and not wait."
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management:

- People's risk assessments were carried out at the time of referral and reviewed at regular intervals. Care plans were created to inform staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care to ensure they provided care to meet people's current needs.
- Occupational therapists provided assessments and prescribed techniques and equipment to people to assist them to mobilise, transfer, wash or eat. People were assisted to learn how to be independent using their new equipment in a safe way. One person told us, "They [Staff] have helped me with my walking. They give me tips all the time on walking and how to keep safe."

Staffing and recruitment:

- There were enough staff deployed to provide people with their care at regular planned times.
- People living in supported living accommodation did not always receive their care at the planned times. The management team had identified that closer monitoring was required, however, this group of staff did not have work phones that enabled them to log in and out of their care visits. Although these had been ordered from the provider, there was no timescale of when these were to be delivered.
- People receiving long term dementia care received their care from a regular staff group.
- People receiving short term care were given time-frames of when to expect the care staff. One person told us, "They [staff] come sometime between 9am and 10am, the times are alright for me."
- People had access to staff in an emergency and during out of office hours. One person told us, "I have the office number on the front of my folder and it has a night time number too."
- People receiving short term assessment and reablement care received care from a group of staff that had received specific training to meet their needs. One person told us, "I had a new [staff] come this morning, I didn't know them, but they were good. [Staff] knew what I needed."
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.

Using medicines safely:

- People were assessed for their abilities to manage their own medicines. Some people required methods to remember their medicines, one person told the service in a survey, "Reminders of medicines have been welcome."
- Where people required support with their medicines, people received these as prescribed. One person told us, "I have tablets and eye drops and eye drops aren't easy but they [staff] do it, they [staff] are very good"
- Staff received training in the safe management of medicines and their competencies had been checked yearly.
- Staff had systems in place to manage people refusing their medicines. One relative told us, "Sometimes [name] refuses their medication, then we have an arrangement that the carers [staff] phone us and we talk [name] through it and then it's ok, they [staff] are very good at doing that."
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Preventing and controlling infection:

- People were protected from the risks of infection by staff who received training in infection prevention.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.
- The management team carried out spot checks on staff to check they were following procedures and using PPE.

Learning lessons when things go wrong:

- The management team acted to improve the service when things went wrong.
- The managers worked with staff to understand how things went wrong and involved them in finding solutions. For example, staff who were allocated to a specific set of flats had been transferred from another care company. The provider identified the need for staff to undergo a full induction and training to ensure these staff understood and worked within the culture of their organisation. The management team had monitored the quality and safety of care and implemented systems to improve the service. They continued to supervise staff to ensure the provider's culture and standards were embedded.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before they commenced using the service to ensure staff understood people's needs and preferences.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

Staff support: induction, training, skills and experience:

- New staff received a two-week induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would be caring for.
- Staff who had looked after people with dementia over several years, were being trained to care for people who required assessment and reablement. One member of staff told us, "I'm going to miss all the people I've looked after, but I'm being supported to retrain. I'm doing this because I love the team I work with." The supervisor told us, "Retraining carers is going ok, but carers are having to learn not do everything for people."
- Staff received training in how to provide care to promote independence. One person told us, "They [staff] are trained and they know how to help me. They make me feel safe."
- Staff received regular supervision and guidance to support them in their roles.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were assessed for their support needs to prepare and eat their meals. Staff provided equipment to promote independence such as plate guards or assisted people with their meals as required.
- Staff referred people to their GP and dietitian for dietary advice where people showed signs of losing weight.
- Staff referred to the speech and language team (SALT) for assessment where people had trouble swallowing.
- Staff followed health professionals' instructions by providing food that met people's needs, for example pureed foods.
- People received support to maintain a healthy diet and to have foods that met their preferences.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked with other agencies and professionals to find suitable care arrangements for long term care.

- Staff liaised with other agencies such as Age UK to find ways to enable people to have more independence.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to make healthier life choices such as diet and exercise.
- Staff supported people to attend health appointments and referred people to their GP or other medical services when they showed signs of illness. One person told us, "I asked them [staff] to come early this morning and so they did, that's because I have an appointment."

Ensuring consent to care and treatment in line with law and guidance:

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.

The provider was working within the principles of the MCA. People were assessed for their capacity to make decisions. Where people did not have the mental capacity to make decisions, best interest meetings were held, and decisions recorded.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care. For example, one person wanted to stay in their own home, after establishing they had the mental capacity to make this decision, health and social care professionals could plan their care to meet their wishes.
- The manager confirmed no people using the service were currently subject to any restrictions to their liberty under the Court of Protection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- Although most people were receiving short term care from a staff group they did not know, people told us they were happy with the way staff treated them. People told us, "They are such lovely [staff], every one of them" and "The [staff] do chat to me as we do things, they don't have much time but I look forward to them coming" and "I have two carers particularly who make me feel happy, we chat and they love my dog too."
- People told us staff were kind and friendly. One person told us, "The [staff] are lovely, they are really kind and helpful."
- Staff took pride in people's progress and spoke positively about the people they cared for. They shared examples of people achieving their goals and becoming more independent. One person told us how staff had influenced their care, they said, "I have one carer [staff] who is wonderful. She made all the difference to me. She persuaded me to have a shower and wash my hair. She was so kind and made me feel comfortable and safe. It's made a difference to my life." Another person told us, "Before they [staff] came I didn't go out or anything. I felt awful about myself but now I feel different, they've made me feel better."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

Supporting people to express their views and be involved in making decisions about their care:

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- Where people needed additional support to make decisions, the provider had information to refer people to an advocacy service. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence:

- Staff supported people to maintain their dignity. One person told us, "They [staff] always make sure the door is shut if anyone is here, they are very careful." A relative told us, "The [staff] are very good, they always make sure it is private and no one can overlook."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One person recorded in a provider survey, "Staff encouraged me to do things for myself. [Staff] respected me."
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People and where appropriate, their relatives had been involved in creating and updating their care plans. One person told us, "I have a care plan. Staff talked to me about it first, what they could do. They will come again and talk to me again." Another person said, "They came and talked to me and we decided [the level of care required] and then they made this plan."
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, one person visited church twice a week.
- People were assisted to record their goals. Staff supported people to achieve their goals by working with people, their relatives and other organisations to facilitate people's diverse needs.
- People told us they had been supported to achieve their goals. One person told us, "I have improved helping myself since I have had them [the service]. Things like rolling my pants up at the side so that I can put them on easily myself." People had recorded in the provider's survey they had been assisted to achieve their goals, one person wrote, "Staff encouraged me to think ahead making goals to reach until I'm back to my old self. Looking forward to the future." Another person had written, "Staff know their job, and did all they could to get me back to where I feel I can cope."
- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.

Improving care quality in response to complaints or concerns:

- People could raise concerns at their regular reviews.
- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy.
- There had been complaints from a group of people in one set of flats. The manager had used the complaints to review their care and improve the service. The manager told us, "We have not received any complaints about the short-term care."

End of life care and support:

- No end of life care was being delivered by the service. The acting manager was aware of what actions to take should someone require end of life care.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The acting manager promoted person centred care in all aspects of the service.
- The whole staff team was supported by the acting manager. They told us they were proud of the progress people had made since using the service. They described people's individual stories of regaining independence or successfully being found long term care staff.
- Staff told us they were happy working at the service and felt supported by the management team.
- People's relatives told us how important the service had been to them and the person receiving care. One relative said, "My [relative] wouldn't be alive if it wasn't for the service given to them by the agency."
- The acting manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- The acting manager had implemented an action plan to improve the quality of care for people living at one block of flats. This action plan had identified key issues and the actions taken by the management team had successfully improved care in all the areas. Work was continuing to embed good practice and involve the staff team in understanding the provider's key values of compassion, respect, honesty, teamwork, trustworthiness and efficiency.
- The acting manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place and were in the process of being updated to ensure information was current and supported best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Staff attended meetings to discuss updates in policies and refresh knowledge.
- Staff were involved in implementing changes to improve the service and evaluating the effectiveness. Staff understood their role in providing safe care.
- People were asked for their feedback at individual reviews and through surveys. Relatives of people living with dementia had expressed their deep gratitude for the long-term relationships staff had with their

relatives. Many spoke of the close relationships and trust that had been built over the years, and their sadness their dementia care service was being discontinued. The acting manager told us people living with dementia were being found alternative care agencies, existing staff worked with the new agencies to handover information and help people settle with their new care staff.

- People receiving short term care provided positive feedback. People's feedback was used by the management team to improve the service.

Continuous learning and improving care:

- The management team promoted a learning culture, by sharing with staff information about incidents and actions taken. Staff were open to learning from incidents and worked as a team to understand how to prevent future occurrences.

Working in partnership with others:

- The acting manager worked with other services within their organisation to access all facilities available. The office was shared by the provider's short term enablement and prevention service who work to reduce, prevent or delay the need for long term packages of care. The acting manager had built good working relationships, they told us they could find ways to provide emergency care by working with other teams, they said, "We can be creative."
- The service had good links and worked in partnership with other health and social professionals, advocacy and housing services to support people's needs.
- The service worked in collaboration with the local clinical commissioning group to pilot two schemes. One scheme to assist people to settle at home after a hospital admission. The other scheme to allow all health and social care services to access people's information to help prevent hospital admissions and access appropriate care. The team leader told us how working together with multiple agencies with one aim to improve peoples' experiences had allowed for innovative thinking, they said, "It has been great working with all the agencies. We have all resources pooled together, we've thrown away rule book, now we have blue sky thinking."