

Age UK Northamptonshire

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Inspection report

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Date of inspection visit:
02 March 2016
09 March 2016
10 March 2016

Date of publication:
25 April 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 2, 9 and 10 March 2016. Age UK Northamptonshire provide dedicated support to people who are thought to be in the last eight weeks of their life and who wish to die in their own home. At the time of our inspection the service were supporting 12 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.

Relatives told us that they felt their relative was cared for safely in their own home. Staff understood the need to protect people from harm and abuse 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, caring and compassionate. Staff had the skills and knowledge to provide end of life care 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.

Relatives told us that they felt their relative was safe in their home with the staff that cared for them.

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.

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 were protected and promoted.

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

Staff were empathetic to the needs of people they cared for and their families, and ensured people were as involved and in control of their life 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 and their relatives.

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.

Relatives 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 at the end of their life.

Age UK Northamptonshire

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 inspection took place on 2, 9 and 10 March 2016 and was announced and was undertaken by two inspectors. The provider was given 24 hours' notice because the location provides care to people at the end of their life in their own homes and we needed to be sure someone from the service would be available.

Before the inspection, we sent out questionnaires to staff and other professionals who had contact with the service. We reviewed the completed questionnaires and previous inspection reports. 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.

Age UK Northamptonshire is commissioned by Primecare Primary Care who provides dedicated care and support to people who are registered with a Northamptonshire GP, are thought to be in the last eight weeks of life and wish to die in their own home or in a care home. The service is an integral part of the Northamptonshire End of Life Pathway.

During the inspection we spoke with three family members, three care staff, the deputy manager and the registered manager.

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

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 member of staff told us "If I had any concerns I would report it straight to the manager." Staff had confidence that management would take the appropriate action. One member of staff explained that when they had observed poor practice from another provider the registered manager had supported them to report their concern to the Local Authority and Care Quality Commission. Relatives told us that they felt their relatives were safe with the carers coming in to their homes. One relative said "I feel safe with all the staff coming in." We saw from staff records that all staff had received safeguarding training and attended regular refresher training.

Peoples' individual plans of care identified areas of risk for people; for example if people needed to be assisted to move there was information for care staff to ensure they followed the guidance they had been given around moving and handling. There was also information available to staff about the safe handling of oxygen. Care plans were reviewed daily to ensure that the care given was safe and meeting the changing health needs of people. As this service provided end of life care to people the care staff liaised closely with the District Nurses and other health professionals to ensure that people were supported safely. Training records confirmed that all staff had received health and safety and First Aid training.

Accidents and incidents were recorded and reviewed by the registered manager. We looked at the records and saw that following one incident the registered manager had taken action to minimise the risk of similar incident occurring by increasing the number of carers and number of visits to a person following a fall.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for Age UK Northamptonshire. One member of staff said "I was not allowed to start work until my references had both come in and they had received clearance from the Disclosure and Barring Service (DBS)."

Relatives told us that they felt there was a sufficient number of staff to meet the needs of their relative. One relative said "The carers always come when needed and will stay longer if needed." The staff we spoke to said they felt there were enough staff and that the levels of staffing depended on the level of needs of the individual people being cared for. Time to travel between calls was scheduled in to each staffs' rota; one member of staff told us "The calls are always long enough, but if we need more time then we can call the office and they will cover our next visit if necessary". We could see from the staff rota that the needs of people had been taken into account when planning the rota, a number of people needed two carers for some visits. A service was only provided if there were sufficient staff hours available to undertake the care required.

There were appropriate arrangements in place for the management of medicines. Staff training records confirmed that all staff had completed training in how to administer medicines and their competency was tested. Staff told us that any questions they had about the medicines people needed to take they would

contact the District Nurse.

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. Families told us that they were confident in the staff and felt they were all well trained and understood their responsibilities. One relative said "The staff are very competent, they know what they are doing." We read comments from families that praised the skills of the staff. They included, "The practical advice offered was really helpful." and "Every single carer that came into see my relative was excellent in their role."

New staff undertook a thorough induction programme which included training in manual handling, food hygiene and basic first aid and staff were expected to complete the Care Certificate. The Care Certificate helps new members of care staff to develop and demonstrate key skills, knowledge, values and behaviours, which enable them to provide people with safe, effective, compassionate, high-quality care. They also had to complete manual handling training and training in safeguarding before they were able to care for people alone. One member of staff told us "I spent three days shadowing other staff on my induction; I could have had longer if I needed to but felt ready to start supporting people." All staff undertook specialist training in end of life care. Staff told us they felt the training was good and prepared them for the role they undertook. One member of staff told us "The training we have been given has really enhanced what we do."

Staff told us they felt well supported in their roles. All staff received regular supervision and annual appraisals. One member of staff told us "Supervisions are booked in for the year; management is really good and get you any help you need, you don't have to wait for supervision." Staff records confirmed staff received supervision and appraisals which provided feedback about their performance and identified further training they could benefit from.

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 and where a person had been deemed to lack the capacity to give their consent the service had ensured that appropriate steps had been taken legally to identify someone to act in their best interests.

People were assessed by the District Nurse team for their risk of not eating and drinking enough. Staff at Age UK Northamptonshire followed the plan of care set by the District Nurse team and provided feedback to them if a person's needs changed. We saw that staff followed national end of life care guidelines to ensure that people continued to eat and drink for as long as possible. Daily records were kept which detailed the amount of food and drink a person was consuming each day.

Age UK Northamptonshire was part of the Northamptonshire End of Life pathway which enabled them to readily contact other health professionals such as the District Nurse, GP or Advanced Nurse Practitioner as

and when needed to ensure that people's needs were being fully met. Relatives confirmed that their loved one accessed which ever health professional was needed and health professionals told us that the service liaised well with them to ensure everyone was getting the level of care and support they needed.

Is the service caring?

Our findings

People were supported by staff that were passionate about ensuring they supported people to have as dignified and comfortable death as possible. Relatives told us the staff were "Absolutely marvellous"; "We could not do without them." We read cards and letters from families which were all full of gratitude to the staff for their care and support at a difficult time. One read "Thank you for the sensitive and wonderful care which you provided; we are eternally grateful for all the gentle and kind people who came." Health professionals told us that all the staff they had met and observed were kind and caring.

Staff spoke to us about how they maintained people's dignity; they described closing curtains to ensure no one could see in, asking family members to leave the room as they undertook personal care and covered people up as much as possible to maintain their dignity at all times.

People were listened to and their wishes respected. One member of staff spoke about how they listened to the people they cared for and ensured they provided the care they wanted in the way they wanted. Another staff member described to us how she had built up a rapport with a person who was blind, always asking what they wanted and watching out for their facial expression to ensure they were not doing anything that may agitate them. One relative told us "They[the staff] talk to mum all the time, talking through with her what they are doing and cup her hands as they say good bye and speak so affectionately to her." We read another comment from a family which said "Each and every one of you were kind, caring and professional whilst looking after [relative], you treated him with respect and dignity at all times." Health professionals also told us that staff were very respectful of people's wishes and treated them with dignity.

Detailed daily records recorded how the person was on each visit which helped the staff to maintain an understanding of each person's needs. The staff told us how essential it was for them to communicate with each other to ensure they remained up to date as to how to care for the individual as their needs changed. One member of staff said "Communication is really good here, we always know what we are meant to be doing because we leave notes after every visit and the district nurses also leave us notes."

Relatives told us that nothing was too much trouble one relative told us "They [the staff] come when they are needed and will stay longer if they need to, we could not do without them." Staff told us how proud they were with the care they gave.

Is the service responsive?

Our findings

People and their families were involved with the planning of their care. Age UK Northamptonshire responded quickly to requests to support people. The registered manager explained that they had a set number of hours to provide care across Northamptonshire as and when needed. Consideration was given before agreeing to provide support to people as to whether there were a sufficient number of hours available to meet the needs of the person. The service needed to be flexible as people's needs continually changed and we saw that it was.

We saw referral forms which gave staff enough information to make the initial first visit. The information was held electronically so it could be accessed by all staff from a smart phone which was provided to them. Following the first visit records were developed and updated each day with the support of the people receiving the care and their families. Staff told us "On a first visit to a new service user we complete an initial assessment, explain to the person about the service and agree with them what support they would like from us; this is all written down and left in the house for everyone to see." The District Nurses also had care plans in place which the staff read and liaised with the District Nurses. We read in the daily records how people were and if there had been any changes to the support they needed. Staff told us they read the notes on each visit. Other health professionals involved told us that any advice or instructions they gave to the staff were always followed and the staff kept them informed of any changes.

We observed the registered manager responded effectively from a family who requested additional time to support their relative. The manager reviewed the staff rota and identified where there was some time available so they were able to meet the request. The manager explained that the rotas were constantly kept under review and staff were sufficiently flexible to meet most requests from families. The manager explained that as the service had developed they knew to anticipate where support may need to be increased and had taken this into consideration as they took on new people.

People and their families were given information about what to do if they had a complaint. The relatives we spoke to knew who to contact if they had a complaint but all only had praise for the support they and their relative were receiving. We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to but could see that there had not been a complaint made about the service in the last twelve months.

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the service and the management of it. Relatives and staff told us communication was good and they had positive relationships with the management. One staff member said "You only have to say that affected me and they [the managers] listen; if someone passes away and it's got to you they are really supportive and will cover a call for you if they need to."

We could see from speaking to relatives and staff and receiving feedback from health professionals that Age UK Northamptonshire was delivering on its commitment to people at the end of their life, which was: 'Everything that we do within End of Life Care has to be of the highest possible quality. We do not have a second chance to get things right for our patients and their families.' Health professionals told us 'this is the sort of service you want all palliative care patients to have.'

The culture within the service focused upon supporting people's well-being, and enabled people to stay at home for as long 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 families to get their feedback on the service. The information gathered was collated and used to continually develop the service. We read one comment from a family "I could not have coped without Age UK; I would have had to send my husband to hospital where neither myself nor he wanted." Another read "I could not have managed on my own, thank you." Staff were involved with monthly audits and any outcomes were discussed at staff meetings and through individual supervisions. The management undertook 'spot checks' 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. Quality assurance audits were completed by the registered manager to help ensure quality standards were maintained and legislation complied with.

The registered manager collated information about the number of referrals they took each month and whether they were able to meet the requests; this was shared with the other agencies involved in the Northamptonshire End of Life pathway which helped them in future planning and development of end of life care. They were also part of a group which was looking at the whole end of life experience across the county sharing their knowledge and experience.

Staff felt listened to. The management were receptive to their ideas and suggestions. We saw from minutes of staff meetings that staff were encouraged to share their ideas and were involved with reviewing and developing policies and procedures which had an impact on their work, such as a Lone working Policy; staff had been able to directly contribute to this and we could see that changes had been made around winter time working practices. One member of staff told us that they had suggested that the team should send a card of condolence to each family following the death of their loved one. We saw that this was now done and families had commented how much they appreciated this.

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 to people in their own home 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. The registered manager understood their requirement to submit appropriate notifications to the CQC.