

Age UK Northamptonshire

# Age UK Northamptonshire

## 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

At the last comprehensive inspection in March 2016, the service was rated Good.

At this announced inspection on 22 April and 2 May 2018, we found the service remained 'Good'.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last comprehensive inspection.

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 14 people.

Staff had a good understanding of what safeguarding meant and the procedures for reporting abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by the registered manager. Staffing levels were sufficient to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were completed to ensure only suitable staff worked at the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Staff were trained in infection control, and supplied with appropriate personal protective equipment (PPE) to perform their roles safely. Arrangements were in place for the service to reflect and learn from complaints and incidents to improve safety across the service.

People's needs were assessed and their care was provided in line with up to date guidance and best practice. People received care from staff that had received the right training and support to carry out their roles. Staff were well supported by the registered manager and one to one supervisions and observations of their practice took place.

Staff supported people with dietary choices to maintain their health and well-being. Staff supported people to attend appointments with healthcare professionals and worked in partnership with other organisations to ensure that people received coordinated and person-centred care and support.

People's consent was sought before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice

Staff treated people with kindness, dignity and respect and spent time getting to know people. People were

happy with the way that staff provided their care and support and they were encouraged to make decisions about how they wanted their care to be provided.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in accordance with their assessed needs and wishes. Records showed that people were involved in the assessment process and their on-going care reviews. There was a complaints procedure in place to enable people to raise complaints about the service.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and any improvements identified were worked upon as required.

The service had an open culture that encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement. The provider had quality assurance systems to review all aspects of the service to drive up improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> This service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> This service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> This service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> This service remains well-led.	<b>Good</b> ●

# 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 comprehensive inspection was announced took place over two days, the 27 April and 2 May 2018 and was undertaken by one inspector. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to arrange calls to people using the service and staff.

Before the inspection, the provider completed 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 previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. We also received feedback from commissioners and two health professionals.

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.

On the 27 April we visited the agency office and looked at care records, spoke with four care staff, the deputy manager, the registered manager and the chief executive. On 2 May 2018 we spoke with four relatives of people using the service to gain their feedback on their experience of using Age UK Northamptonshire. We were unable to speak with people using the service because they were at the end of their life.

We looked at the care records belonging to four people who used the service. We also looked at other information relation to the management of the service. This included four staff recruitment records, staff training records and supervision and appraisal schedules. We also looked at policies and procedures and records relating to safeguarding, complaints and quality assurance monitoring records.

# Is the service safe?

## Our findings

The relatives we spoke with told us the staff supported them safely. One family member said, "We feel safe and supported by the staff, they are never late and they know what they are doing; that makes us feel safe" Another relative told us, "[name] is in very safe hands with the staff." All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report abuse. We saw that all staff had received training within this area.

We saw that risk assessments were formulated to ensure that risk was managed across every aspect of a person's life. These included plans to manage pressure care areas, personal care routines and emotional support. Risks were also documented and assessed by the commissioning agency in a way that promoted people's independence as much as possible, and staff we spoke with felt able to care for people safely. Staff provided as much choice and independence as people were able to manage. Risk assessments were reviewed and updated regularly.

There were enough staff employed by the service to cover the care required, and all staff had undergone a disclosure and Barring Service (DBS) check and obtained references before starting employment. Relatives told us that there were always staff at hand when people needed them and that their family members always had the right level of staff support. Staff we spoke with were all happy that there were enough team members to cover shifts, and that people would pick up overtime to cover when necessary.

The service safely supported people with the administration of medicines. Relatives we spoke with confirmed that their family members received support from staff and they were happy that it was done safely. The staff team worked closely with district nurses, end of life care teams and hospices to ensure that people received the medicines they required. The staff completed medication administration records (MAR) clearly and accurately, and staff were sufficiently trained in this area.

People were well protected by the prevention and control of infection. We saw that the office location was stocked with personal protective equipment for staff to collect, and staff we spoke with confirmed they received the equipment and training they required to control the spread of infection.

We saw that staff members were aware of the need to record any accidents and incidents and share the information with managers and the rest of the team. Team meetings were held where any issues were discussed and analysed. There had not been any recent accidents or incidents but situations that had the potential to escalate were addressed early so that measures could be put in place to prevent these escalating. For example; if one staff member was having difficulty with supporting a person to change position, this was immediately discussed with the management team so new equipment or a reassessment could take place without delay. Lessons were learnt from things that could have gone better and this was used to consistently improve the quality of the service.

# Is the service effective?

## Our findings

People's care was effectively assessed to identify the support they required. This provided staff with information that guided them to providing effective care that met people's cultural needs. The staff we spoke with understood that people they were supporting had a diverse range of needs and preferences, and told us they ensured that people were not discriminated against.

Staff had the skills, knowledge and experience to support people effectively. Feedback from one relative included, "All of the staff are highly skilled, they know their role inside out and we have been so grateful for their expertise." The staff we spoke with felt that training enabled them to confidently carry out their roles. One staff member said, "The training is excellent. We all received regular refresher training and we are encouraged and supported to complete further training. Everything is very clear, and we know from the start what the expectations are." We saw that regular training was provided and an up to date training plan was in use, which enabled the registered manager to keep track of each staff members training and was able to make sure people were updated as required. Training was developed and created according to the needs of people and staff. We saw that policies and procedures were provided to outline what was expected of staff, and that staff had signed to confirm they had understood these.

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.

The service worked and communicated with other agencies and staff to enable effective care and support. People received support from various other agencies that supported people specifically at their end of life. The communication and coordination between all of the agencies involved was essential to people receiving the right support for them. We received feedback from one of these agencies who told us, "All of the staff including the manager [registered] are excellent at making sure any changes in people's care needs are communicated to all other parties involved. This means that service users [people] get the best support at the right time."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection. Relatives told us that staff sought their consent before carrying out any care and we saw this promoted in the care plans that we viewed.

## Is the service caring?

### Our findings

Staff were kind and caring to the people who they supported. It was clear from the written feedback the service had received and from talking to relatives, that the staff were caring. Feedback included, "An excellent team who have compassion and respect all of the time" and "Thank you for your care and kindness, we couldn't have done it without you all." The staff we spoke with felt like they were able to get to know people and develop positive relationships as they were regularly working with the same people. One staff member told us, "This is so much more than a job, we are supporting clients and their families and one of the most difficult times, I will do anything I can do to help." Health professionals told us that all the staff they had met and observed were kind and caring.

People were able to express their views and be involved in their own care as much as they were able to, and family or advocacy services were involved for people that required them. One relative told us, "We have regular meetings or informal chats because [person] is obviously deteriorating and things change all the time, but I am always involved and 'looked after' by the staff as well." The staff we spoke with said they involved people in their own care as much as possible and regularly communicated with people's family when required. We saw that people's files were regularly reviewed and contained information that was gathered from people themselves and their family members.

Relatives confirmed that the staff respected their loved ones privacy and dignity when providing care. One relative told us, "I am not normally in the room when personal care is being carried out but I can hear how softly they talk to [relative] and ask them if what they are doing is not hurting them." Another relative told us, "The staff approach is very dignified. [Name] receives personal care and the staff support them respectfully." Care plans we saw listed care tasks in a way that reminded staff to respect people's dignity, remembering the things that they could do for themselves and what their preferences were.

People had signed to confirm they agreed to the package of care and support to be provided. This included information as to how data held about people was stored and used. The provider had a policy to evidence they complied with the data protection act. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. This assured people that their information was held in accordance with the data protection act.



## 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 available 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.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People and their families knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One relative said, "I have nothing to complain about, but I can contact the manager directly or speak to the care staff and I know they would sort it out." We saw information about how to make a complaint was included in the initial assessment information should people need to access it. At the time of inspection, there were no current complaints that had been made. The manager told us that if any complaints were made, then the policy would be followed and the information would be recorded in detail, and investigation would take place, and a response given promptly.

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 whichever health professional was needed. Health professionals told us that the service liaised well with them to ensure everyone was getting the level of care and support they needed. Feedback we received from one professional organisation stated, 'The whole team is dedicated to providing the best possible service for people who choose to die in their own homes and we are incredibly proud of the service they provide.'

## Is the service well-led?

### Our findings

The service had an open culture that encouraged open communication and learning. The relatives we spoke with were very pleased with the service they received and spoke highly of the management team and the staff providing their care. One relative said, "Fantastic team of staff, nothing is ever too much trouble and the care [person] receives is very good." Staff told us that the management team were approachable and always available to contact.

Staff understood their responsibilities and received regular training updates to keep up to date with current good practice guidelines. They received support through day-to-day contact with the registered manager and deputy manager, and had formal one to one supervision meetings. The staff felt able to voice any concerns or issues and felt their opinions were listened to.

The feedback from people's relatives and from other health professionals was positive. People's views about the quality of care were sought and the results of quality surveys indicated that people were pleased with the service they received. The service received regular 'thank you' cards from relatives expressing their gratitude for the care and support given to their loved one. Comments included, "Your team was so valuable, you brought great joy in to [person's] life and they loved every visit" and 'I would like to pay tribute to your reassuring and professional support at this difficult time.'

Established systems were in place to report accidents and incidents investigate and analyse incidents. People's care plans were regularly reviewed to reflect any changes in their care needs.

The registered manager was aware of their responsibility to report incidents, such as alleged abuse or serious injuries to the Care Quality Commission (CQC).

Quality assurance systems were in place to continually drive improvement. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas that required further improvement. The registered manager told us and we saw evidence that quality assurance checks were undertaken on a regular basis.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.