

Care Assure Northampton Ltd

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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

This inspection took place over two days on 1 September and 8 September 2016.

Care Assure Northampton Ltd provides a 24hr support service to enable adults with mental health needs to continue living in the community in shared occupancy housing. When we inspected the service provided support to 19 people in five houses located in Northampton.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People benefitted from receiving support from staff that were caring, friendly, and responsive to people's changing needs. People were supported as tenants in shared occupancy housing by trained staff that were able to support them safely. Staff were able to demonstrate that they understood what was required of them to provide people with the support they needed to remain living in the community.

People's support plans reflected their needs and choices about how they preferred their day-to-day support to be provided. People were treated with dignity and their right to make choices was respected.

There were sufficient numbers of support staff employed to meet people's assessed needs. People were protected from the risks associated with the recruitment of support staff unsuited to the role by the provider's recruitment procedures. Comprehensive risk assessments associated with people's mental health needs were also in place. These assessments enabled support staff to manage risks to people's health without compromising their right to make choices.

People benefitted from a service that was appropriately managed so that people received their service in a timely and reliable way. Support staff were deployed to work in the shared occupancy houses so that each tenant always had the assistance they needed throughout the day and night, seven days a week.

People's rights were protected and decisions about their care and support were taken in their best interest. People had the information and guidance they needed to raise concerns or make a complaint. There were procedures in place to ensure complaints were appropriately investigated and action was taken to make improvements to the service when necessary.

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 received care and support in their own homes from suitable staff that had been appropriately recruited and trained to provide safe support for the tenants.

People benefitted from receiving care from staff that were mindful of their responsibilities to safeguard them from harm.

People were protected from unsafe care by staff that knew and acted upon risk assessments associated with providing the level of support that was needed for each individual.

Is the service effective?

Good 

The service was effective.

People received a reliable service. Contingency arrangements were in place to ensure the continuity of the service when staff were sick or on holiday.

People were provided with the support they needed and this was regularly reviewed to ensure their needs continued to be met.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and how people's capacity, or lack of, to make decisions had to be taken into account and acted upon.

Is the service caring?

Good 

The service was caring.

People benefitted from receiving support from staff that respected their individuality.

People's dignity was assured when they received support and their privacy was respected.

People received their service from staff that were conscientious, compassionate, and committed to providing good standards of care.

Is the service responsive?

Good ●

The service was responsive.

People's support plans were person centred to reflect their individuality.

People's support needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them so that the agreed service met their needs and expectations.

People were assured that appropriate and timely remedial action would be taken if they had to complain about the service.

Is the service well-led?

Good ●

The service was well-led.

People's quality of support was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that had the day-to-day managerial guidance they needed to do their job.

People benefitted from receiving a service that was well organised.

Care Assure Northampton Limited

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 was carried out by an inspector and took place over two days on 1 September and 8 September 2016. With domiciliary based community services we can give the provider a short period of notice of our inspection. We do this because in some community based services the registered manager is often out of the office supporting staff.

Before our inspection, we reviewed information we held about the provider such as, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also took into account other information the provider had sent us about their service. 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.

During this inspection we visited the provider's office location in Milton Malsor where we spoke with the registered manager. We looked at six records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service and the day-to-day management of the support service. By arrangement we visited one of the larger shared occupancy houses in Northampton where we spoke with two of the tenants and two members of the support staff team.

Is the service safe?

Our findings

People were protected from unsafe care. Individualised support plans and risk assessments were in place that ensured people were safely supported according to their needs. Support plans contained a comprehensive assessment of the person's mental health needs, including details of any associated risks to their safety that their assessment had highlighted. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Support plans were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes occurred.

People's needs were safely met. The registered manager ensured that staffing levels were consistently maintained to meet the needs of each tenant supported in the shared occupancy houses. There were contingency scheduling arrangements in place to take account of holiday leave as well as unexpected support staff absences due to sickness.

People were protected from harm arising from poor practice or ill treatment. There were clear safeguarding procedures in place for support workers to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Support workers understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people.

People had detailed support plans kept at their accommodation, with copies kept up-to-date at the service office in Milton Malsor. Support plans provided support workers with the guidance and information they needed to provide people with safe care. There was up-to-date information about people's needs and how their service was to be provided.

People were safeguarded against the risk of being cared for by unsuitable persons because support workers were appropriately recruited. All staff, including those who were office based, were checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before support workers received induction training prior to taking up their duties. Newly recruited support workers 'shadowed' an experienced care worker before they were scheduled to work alone with people receiving a service.

Is the service effective?

Our findings

People received a service from support workers that had been provided with the appropriate guidance and information they needed to do their job. Timely action had been taken by support staff whenever there were concerns about people's wellbeing, such as a deterioration in a person's mental health that affected their quality of life or put them or others at risk. Action taken was in keeping with the person's best interest, with the appropriate external healthcare professionals involved as necessary. Support workers had a good understanding of people's holistic needs and the individual care and support they needed to enhance their quality of life.

People received care and support from support workers that had acquired the experiential skills as well training they needed to care for people living in shared housing. Newly recruited support workers had received a thorough induction that prepared them for working with people. Support staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their support duties with the tenants.

People's support plans contained assessments of their capacity to make decisions for themselves and consent to their care. Support workers had received the training and guidance they needed in supporting people that may lack capacity to make some decisions for themselves. Support workers understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005).

People's needs were met by support workers that were effectively supervised. Support workers had their work performance regularly appraised at regular intervals throughout the year by their line managers. Support workers participated in supervision meetings with their line managers and they confirmed that the registered manager and other senior staff were readily approachable for advice and guidance at all other times. People benefited from receiving support that was effectively monitored by, for example, the registered manager who regularly visited their home to observe and assess support workers doing their job.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by support workers. People's support was discreetly managed by support workers so that people were treated in a dignified way. People's privacy was respected. Challenging behaviours were sensitively managed by support workers that were knowledgeable of 'triggers' that contributed to an individual becoming upset. These 'triggers' were avoided but support workers knew how to work with the person in a kind, thoughtfully measured way, whenever challenging behaviour occurred.

People received their care and support from support workers that were compassionate, and respectful. Support workers were familiar with and acted upon people's routines and preferences for the way they liked to have their support provided.

People were encouraged to do as much as they could for themselves within the constraints imposed upon them by their mental health needs. People were supported to do things at their own pace and the people we spoke with took a pride in sustaining their independence. Support workers responded promptly, however, when people needed assistance or reassurance and they were familiar with people's individual behaviours and what to look out for with regard to whether the person was becoming unwell and needed their attention.

Support workers were able to discuss how they facilitated people's choices in all aspects of their day-to-day support, including their right to take risks.

People's individuality was respected by support workers that directed their attention to the person they engaged with. They used people's preferred name when conversing with them and their manner was respectful.

Is the service responsive?

Our findings

People's abilities to do things for themselves had been thoroughly assessed prior to moving to their supported living accommodation as tenants. People consistently received the level support they needed in accordance with their individual needs assessments, whether on a day-to-day basis at home or over a longer period as their dependency needs changed or fluctuated over time.

People's past history, interests and behaviours were taken into consideration when their support plan was agreed in their best interest. People were encouraged to make informed choices about their support and how they preferred to spend their time during the day. There was comprehensive information in people's support plans about what they could do for themselves and the on-going support they needed to be able to put this into practice. Support staff were skilled at picking up on people's non-verbal cues so that they knew if someone needed their attention.

People were protected from social isolation within the shared occupancy houses because support staff made an effort to engage with them individually. Support workers also ensured that people were enabled to enjoy going out and participate in what was going on in the wider community.

People were provided with the verbal and written information they needed about what to do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Is the service well-led?

Our findings

People were assured of receiving support in their own accommodation that was competently managed on a daily basis. The registered manager had the necessary knowledge and acquired experience to motivate the support staff team to do a good job. Support staff said there was always an 'open door' if they needed guidance from the registered manager or from any of the senior care staff in the team. Support staff also confirmed that there was a positive culture that inspired teamwork, that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff and by the provider.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Support staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People's support records were fit for purpose and the formats for recording information and setting out guidance had been recently reviewed by the registered manager and other senior staff. Support records accurately reflected the daily as well as long term support people received. Records relating to support staff recruitment and training were also fit for purpose. They were kept up-to-date and reflected the training and supervision care support staff had received. Records were securely stored at the service office at Milton Malsor as well as at the shared occupancy houses.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and support staff team. These audits included, for example, checking that support staff were adhering to good practice guidelines and following the procedures put in place to protect people from inadequate support as well as to enhance the quality of people's lives. Policies and procedures to guide support staff were in place and had been routinely updated when required.