

Carebank Healthcare Limited

# Carebank Healthcare Northampton

## 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

### About the service

Carebank Healthcare is a domiciliary care service providing personal care to older people and adults with learning disabilities, autism and mental health conditions in their own homes.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection two people received help with their personal care.

### People's experience of using this service and what we found

People were cared for safely and staff understood their responsibilities to keep people safe from abuse or harm.

Risk assessments were undertaken to identify any risks to people as part of their care and support. People received their medicines safely and there were effective practices in place to protect people from infection.

People were cared for by staff who were caring and kind and passionate about their work. They arrived on time and stayed with people for the time agreed. People's dignity and privacy was maintained, and people felt in control of their lives.

People had individualised care plans which ensured they received person-centred care. Plans considered people's preferences likes and dislikes and their cultural and religious backgrounds.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received the training they required and were supported through regular supervision. They liaised with other health and social care professionals to look at ways to improve people's life experiences.

The provider was open and honest and strived to look at ways to improve the service. There was a complaints procedure in place and people knew who they could speak to if they had any concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The service was registered with us on 3rd December 2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date the service was registered with us.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Carebank Healthcare Northampton

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31st October 2019 and ended on 7th November 2019. We visited the office location on 6th November to see the provider and registered manager; and to review care records and policies and procedures. We contacted people who used the service and a relative of one person who was unable to speak to us them self on 31st October and 7th November.

#### What we did before the inspection

We reviewed the information we had received about the service since they had registered. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and one relative. We had discussions with the nominated individual who also delivered care to people. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager was not available as they were delivering care to people.

We looked at the care records of two people who used the service, staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and information relating to complaints.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe with the staff who supported them. Staff received safeguarding training and knew what signs to look for to keep people safe from harm or abuse.
- The provider understood their responsibilities to keep people safe. There was a policy in place with an up to date procedure for staff to follow. At the time of the inspection there had been no concerns raised in relation to safeguarding.

Assessing risk, safety monitoring and management

- People's care needs had been risk assessed. However, the plans in place to mitigate the risk needed to be more detailed and provide staff with more information as to how to manage the assessed risk. Although this had not impacted on the care for people, the provider agreed to take immediate action to address this.
- People had emergency grab sheets in place which ensured that details of their condition and medicines prescribed were to hand in an emergency. This ensured other agencies responding to an emergency had the information they required to continue to provide safe care.
- Fire and health and safety checks were in place which ensured that people and staff were safe in the home environment.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff had been checked for any criminal convictions and references had been obtained before they started to work for the service.
- At the time of the inspection there were enough staff to meet people's needs. People told us staff arrived on time and stayed for the time allocated. The provider knew as the service grew they would need to recruit more staff.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the administration of medicines.
- Staff had received training and their competencies were tested. The provider monitored the administration of medicines regularly.

Preventing and controlling infection

- People were protected by the prevention and control of infection. People confirmed staff wore protective

clothing such as gloves and aprons.

- Staff were trained in infection control and there was a policy and procedure in place which staff could access.

Learning lessons when things go wrong

- The provider and registered manager had acted when things had gone wrong. For example, when it was identified a person had missed taking their medicines, the provider had ensured an alarm had been set on the person's phone to remind them to take their medicines. This meant the person retained their independence and ensured medicines were being taken as required to safely manage their health condition.



# 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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant 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 fully assessed before any care was agreed and delivered. This ensured that there was sufficiently trained staff to provide the care and support required.
- People were involved in developing their care plan. One person said, "We [provider and person] discussed and agreed my care plan together, they were very professional." A relative said, "We chat about the care plan and have made changes when needed."
- Care plans detailed how people wished to be cared for, what staff needed to be aware of, their likes and dislikes, communication needs and their cultural background.
- The provider sought advice and guidance from other organisations and used best practice guidance to develop care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, and who received the guidance and support they needed to deliver care effectively. Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles and plans were in place to refresh training which would ensure staff followed up to date guidance and procedures.
- Staff were given opportunities to review their individual work and development opportunities.

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

- People were supported to maintain a balanced diet. One person told us they were happy with the meals the staff prepared for them. There was information in care plans about people's dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and were supported to maintain good health. For example, a system was in place to monitor a person's bowel movement and the information shared with the GP which ensured the person was getting the right support to manage their condition.
- Staff knew people well and were vigilant to any changes in a person's health and sought the appropriate support when needed.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent to care was documented within their care records. One person told us, "[Name of provider] spoke with me when I first started with the service and asks me each time he comes what I want and if I'm happy."
- The provider understood the principles of the MCA. They knew to ensure as and when people started to use the service a mental capacity assessment would be needed and if people were deemed to lack the capacity to consent to their care, best interest decisions would need to be made.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant 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

- People were cared for by staff who were kind, caring and respectful of people's individuality. One person said, "I have a good chat with [name of care staff], they are good." The provider spoke fondly of the people they supported. A relative said, "We work together to support [name of person], we are very happy."
- Staff had the time to get to know people. People's preferences as to whether they wished to be supported by a male or female carer was respected.

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

- People confirmed they were involved in their care.
- The provider was aware of the need for people's voice to be heard. Information about advocacy was available for people. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. When they are unable to speak up for themselves, the advocate would represent them to ensure any decisions are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. One person said, "They [staff] are always very courteous and I feel treated with dignity and respected." A relative said, "When the service first started the staff did too much for [Name of relative], after we spoke about this they now encourage them to do as much as they can, so they remain as independent as possible."
- Staff knew how to maintain a person's dignity ensuring that they were not left in a compromised position and providing personal care with curtains drawn and doors closed.
- Care records were kept securely and confidentiality maintained.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans, which detailed the care and support people wanted and needed.
- The provider and registered manager knew people well and ensured their needs and preferences were met. For example, ensuring only female carers went to one person as they had requested and were flexible with times for another person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. The provider told us if people needed information in any other format they would accommodate this. At the time of the inspection no one had any specific communication needs.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they had a complaint. One person said, "I was given information about how to complain when the service first started, so far I have never needed to, but I would talk to [name of provider] if I needed to.
- There was a complaints procedure in place. We saw that when a complaint had been made this was investigated and responded to within the agreed timescales.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The provider was aware of the need to develop plans with people to ensure people's preferences and choices in relation to end of life care were known.
- We saw a plan was in place for one person which ensured everyone involved knew the person's wishes and preferences.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were at the centre of everything the service did; the provider ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes.
- There was an effective on-call system in place which ensured that there was always someone for people and staff to contact if they had any concerns. This enabled the service to respond to people's individual needs at any time.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. At the time of the inspection there had been no incidents which the provider was required to notify the Care Quality Commission (CQC).
- There was information for staff about how to whistle-blow which ensured they knew how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon.

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

- There were systems in place to monitor the quality of the service. These would need to be developed further as the service grew. The provider was aware of the need to develop systems and was receptive to ideas as to how to best do this.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and 'spot checks' of their work were undertaken which ensured they provided the care and support at the standards required by the provider.

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

- People's feedback was sought through reviews, 'spot checks', and regular visits by the provider. The information was used to drive improvements.

#### Continuous learning and improving care

- The provider was proactive and receptive to ideas and took up learning opportunities where they could. They attended meetings led by Skills for care for registered managers and were part of a network for care agencies within Northampton sharing ideas and providing support to each other.

#### Working in partnership with others

- The provider worked with social workers and local authority commissioners to ensure people received the care that met their needs.