

Because We Care Northampton Ltd

# Because We Care Northampton

## Inspection report

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Tel: 07398785644

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21 November 2019

26 November 2019

27 November 2019

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Because We Care Northampton is a domiciliary care agency providing support to people in their own homes. Not everyone who used the service received personal care. 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 inspection, four people were receiving personal care support.

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

People were happy with the care they received. Staff treated people well, with kindness and were thoughtful and empowering. However, there were failings in relation to the management, governance and oversight of the service. The registered manager had failed to embed adequate governance structures to effectively review the service to ensure people received safe care and support. Staff did not have adequate training or supervision and the recruitment procedures did not support the safe delivery of care.

Improvements were required to ensure people received safe care. Risk assessments did not cover all of people's known risks or provide sufficient guidance for staff about how to manage those risks. Opportunities for learning were limited as staff meetings and discussions were not recorded. People did not have regular reviews of their care.

Improvements were required to ensure people's care plans were consistent and people were given the same opportunities to have personalised support for them; this included the opportunity to express their end of life care wishes.

Staff understood how to report safeguarding matters and people were supported with their medicines adequately. The service offered limited support to people with their nutritional needs however where necessary, this was provided. Staff ensured people's healthcare needs were well managed.

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. However, the policies and systems in the service did not always support this practice as mental capacity assessments were not always completed when required.

A complaints system was in place but had not yet been required. People understood they could make a complaint and felt able to do so. The registered manager was keen to ensure people received good care.

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

This service was registered with us on 30/11/2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

### Enforcement

We have identified breaches in relation to staff recruitment, training and supervision and the lack of governance in the service.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Because We Care 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 completed by one inspector.

#### Service and service type

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

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 a short period of 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 21 November 2019 with telephone calls to people and their relatives. We visited the office location on 26 November 2019 and continued with calls to staff on 27 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who may work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to

send us with key information about their service, what they do well, and improvements they plan to make. We also asked Healthwatch if they had any feedback about this service. This information helps support our inspections. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two people's relatives about their experience of the care provided. We spoke with two members of staff and the registered manager.

We reviewed a range of records. This included four people's care records, medication records and two staff files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

# 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 Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Significant improvements were required to the recruitment procedures. Staff did not have robust employment checks in place.
- The service was a small family run business with the provider employing three staff. No staff had any references recorded and only one member of staff had a criminal background check.
- The risks surrounding this were reduced as the registered manager knew the staff and assessed them on their values. Following the inspection, the provider requested references and criminal background checks for all staff. We found no evidence that people were harmed, however this failing posed a risk that people could be harmed by employing people that were unsuitable for the role.

The provider failed to ensure that people were safely recruited. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People using the service were positive about the staffing of the service. People received their care at the times they required it, and staff stayed for the required length of time.

### Assessing risk, safety monitoring and management

- Improvements were required to ensure all people's known risks were considered and appropriate guidance given to staff. People had some risk assessments in place, for example, where necessary, people had falls risk assessments in place, however not all known risks were considered and reviewed at regular intervals. For example, people with known health conditions did not always have risk assessments in place.
- Staff knew people's care needs and understood people's risks well. Staff worked well to minimise people's risks.

### Learning lessons when things go wrong

- Improvements were required to ensure lessons could be identified.
- The small staff team worked together to discuss what worked best for people however these meetings were not recorded and there was a risk that learning opportunities could be missed.

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

- The service had safeguarding procedures in place.
- Staff understood the different types of abuse and understood how they could report them to the registered manager or to external organisations if required. The registered manager understood that

safeguarding referrals would be required to the local authority and the CQC.

- At the time of inspection, no safeguarding referrals had been required.

#### Using medicines safely

- The service had medication procedures in place.
- Only the registered manager supported one person with their medicines. Medication Administration Records were completed, and medicines were safely stored.
- One person's relative said, "They give [name] their medicines with no problems. They fill the chart in [the medication administration chart] so we can see what they've done."

#### Preventing and controlling infection

- People's care plans contained guidance for staff about minimising the risk of infection. For example, people's care plans included an ergonomic risk assessment which give staff instructions about when to use personal protective clothing.
- People were positive about the hygiene procedures carried out by of staff and raised no concerns.



# 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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Significant improvements were required to ensure staff received effective induction and training.
- Staff did not have a comprehensive induction. The provider relied on people's previous experience and shadowing (working alongside experienced staff), as their method of training. We found no evidence that people were harmed, however this failing did not ensure that staff were skilled to fulfil the requirements of their role.
- Staff did not have regular supervisions and had not had an annual appraisal. The registered manager regularly met up with staff and discussed their performance however this not recorded and there was no evidence staff were given feedback about their performance.
- People gave good feedback about the skills of staff and the way that staff supported them. People using the service were largely independent and staffing input was minimal, often supervising or offering minimal support to people with their care needs.
- Following the inspection, the provider committed to ensuring all staff would receive a full complement of training, regular supervisions and annual appraisals.

The provider had failed to ensure staff were adequately trained. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improvements were required to the initial assessment procedure to ensure people's protected characteristics under the Equality Act were fully considered. The registered manager confirmed that they discussed people's holistic needs, however this was not recorded.
- The registered manager told us that they were committed to giving the best service to people and would not accept people if they could not achieve this.

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

- The service only supported one person with their breakfast, which they chose and were able to eat independently. Staff ensured people had access to drinks they enjoyed.
- People did not require staff assistance with their diets.

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

- Staff worked with people and their relatives to ensure people were supported to have their healthcare

needs met.

- Staff supported one person to attend their appointments across the country. They ensured the person understood the timings, locations and advice of the professionals.
- Staff empowered and enabled people to maintain control of their health. For example, by encouraging them to speak up for themselves during appointments and supporting them when necessary.

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 and found that improvements were required.

- People did not have mental capacity assessments recorded when necessary. People were supported to make their own choices and consent to their care, however mental capacity assessments were not always recorded when this could be challenged, for example, for people with concerns relating to their mental capacity.
- At the time of inspection, nobody using the service required an application to deprive them of their liberty.
- People confirmed that staff were respectful and ensured people consented to their care before they offered their support.
- Following the inspection, the registered manager confirmed that appointments had been made with people to consider a mental capacity assessment.

# 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 well treated by kind and considerate staff. One person said, "They're wonderful. I couldn't do without them." Another person's family member said, "We're very satisfied. They're very kind, and prompt."
- The staffing team and registered manager knew people well and understood how they liked their care to be provided.
- People were well loved and respected by the staffing team and each person was treated sensitively, particularly around difficult emotional times.

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

- People were empowered and encouraged to speak up for themselves and make their own decisions. For example, about the timing of their care visits, and the support they received when staff were in their homes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. One person's relative said, "They speak nicely and are gentle with [name]."
- Staff were reassuring and supported people to do all they could to maintain their independence. For example, staff supported people to access the shower themselves and supported people when needed, in accordance with their preferences.

# 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 Requires Improvement. This meant people's needs were not always met.

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

- People had care plans in place which reflected their care needs however they were inconsistent. For example, one person had a detailed person-centred care plan which gave staff a good insight into what was important to the person, and their hopes and goals. Other people had not been given the opportunity to have these detailed plans to help guide staff.
- Following the inspection, the registered manager committed to giving everyone the same opportunity to have more personalised care plans in place.

End of life care and support

- Improvements were required to ensure people were given the opportunity to express their end of life wishes and to equip staff with appropriate skills and knowledge in this area of care.
- People had not been asked about their end of life wishes, including any spiritual and cultural needs.
- Staff had not received any training in end of life care.
- At the time of inspection nobody required end of life care.
- Following the inspection, the registered manager gave assurances that people would be asked if they wished to contribute to an end of life care plan.

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.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- People were supported to access information in a format they could understand. For example, staff supported people with any medical appointments that may not support their communication methods.

Improving care quality in response to complaints or concerns

- People told us they would contact the registered manager if they wished to make a complaint. They told us they felt the staff were approachable and they would be listened to.
- The provider had a complaints policy in place which gave people guidance if they wished to make a complaint.

# 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 Requires Improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- Improvements were required to ensure a solid understanding of the regulatory requirements of being a registered provider. For example, the registered manager had a lack of understanding about the regulatory requirements around recruitment, training and supervision of staff and this had led to breaches of the regulations.
- No quality assurance systems were in place. Care plans, medication records and daily notes were not audited or checked to ensure people were receiving the care they required and expected. The registered manager confirmed they visited every person at least once a week and these documents were checked regularly. However, no formal processes were followed to ensure this happened and no records were maintained to identify if improvements were required or actioned.
- There was no evidence to show the provider sought working partnerships with community groups or those that could support best practice.

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

- Improvements were required to ensure people, the public and staff were engaged with the service and their equality characteristics were protected.
- There were no systems in place to provide people involved with the service the opportunity to provide feedback about the service.
- The registered manager confirmed they met with each person and members of staff on at least a weekly basis and asked for feedback about the service, however their feedback was not recorded. There was no evidence to show if action had been taken following people's feedback, suggestions or requests.
- We found no evidence that people were harmed, however this failing posed a risk that people may be receiving poor care as no checks were in place to monitor or review the quality of the service.
- Following the inspection, the registered manager accepted that improvements were required and committed to instilling an audit program. They also told us they were arranging for surveys to be sent to people involved with the service.

The provider failed to ensure that adequate governance systems were in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager was committed to providing people with personalised care, which focussed on meeting people's needs and empowering people to achieve as much as they could independently.
- People were supported by a small team of staff that they got along with and enjoyed each other's company. The staff working at the service enjoyed their jobs, and people enjoyed seeing their carers.

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 registered manager was open to the principles of the duty of candour, however at the time of the inspection, there had been no duty of candour incidents recorded.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Insufficient governance systems were in place to monitor and review the quality of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not safely recruited. The provider failed to provide adequate training and supervision of staff.