

Northamptonshire Carers

Northamptonshire

Inspection report

123 Midland Road
Wellingborough
NN8 1LU

Tel: 01933677907
Website: www.northamptonshire-carers.org

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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

Northamptonshire Carers is a charitable organisation registered with CQC as a Domiciliary care provider, providing personal care to people in their own homes. This specialised service provides people with overnight support returning home from a hospital stay which also supports the main carer with a break from their caring role. The service also provides a short-term evaluation service, assessing people for their specific overnight needs, to help people settle back at home with additional support from ongoing care professionals.

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 the inspection there were ten people receiving care regulated by CQC.

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

People received safe care. The people and their relatives told us they thought the care was safe and staff were aware of their responsibility to keep people safe. People told us they were very happy with the service and staff were caring and respectful.

There were risk assessments in place to assess people's needs and environmental safety checks were in place to ensure people and staff were safe from harm.

Staffing levels were adequate and safe recruitment procedures were followed to ensure suitable staff were employed. People and their relatives told us they felt staff were well trained.

People were supported to take their medicines and were provided with their ongoing nutritional requirements. People's ongoing healthcare needs were monitored and reported on to ensure their main carers were aware of any changes.

The service was well led. People and their relatives had the opportunity to give feedback and make suggestions to improve the service. Staff felt well supported by the management team. Relatives told us the registered manager was open and receptive to comments.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This was a first rating inspection.

Why we inspected

This was a planned rating inspection.

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.

Northamptonshire

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 team comprised of two inspectors. We had an Expert by experience complete phone calls to one person and other people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Northamptonshire Carers is a domiciliary care agency. It provides specialised and tailored personal care to people living in their own houses and flats and support for their main carers.

The service had a manager registered with the Care Quality Commission. This means that they 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.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We made calls to people who used the service or where they could not speak with us, their close relatives.

We reviewed the 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 sought feedback from the local authority and professionals who work with the service and Healthwatch. 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 nine relatives about their experience of the care provided. We spoke with two members of staff including the registered manager and the chief executive officer (CEO). We also had direct contact with seven staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 provider to validate evidence found. We spoke with one health care professional who worked with the service.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure with the carers and supporting relatives. Staff had received safeguarding training and told us they would always report any concerns to the registered manager.
- People told us staff always wore uniforms and identity badges, so they knew who they were.
- The management team understood their responsibilities and told us they would report any potential concerns to the local safeguarding team to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- People had risk assessments in place, these were person centred and provided staff with vital information to keep people safe. One relative told us, "[Named staff] is brilliant with [named person] as they are not safe with the cooker. I can go out and know they are perfectly safe." Another relative said, "They [staff] left very detailed notes informing the family of what had happened overnight, what they do is absolutely fantastic, peace of mind for the family and worth their weight in gold. It was just 'Wow' Mum was safe. Mum was safe." Another relative said, "When the staff first came in, they checked the fire alarms, and where the exit from the house was."
- Each care plan contained a detailed environmental risk plan to ensure people and staff were safe in people's homes.
- People had personal evacuation plans in place, so staff could assist them in an emergency.

Staffing and recruitment

- The service had sufficient numbers of staff. Staff told us there were always adequate numbers for them to deliver safe care. Staff told us they were not rushed and had time to spend with people.
- People told us they always received the right number of staff to help them. The management team told us they always had staff on standby to cover sickness or covered it themselves. One relative told us, "The office staff confirmed the names of staff who were due to support [named] I can't say how much I appreciated that, it gives us peace of mind that there's someone there."
- Appropriate pre-employment checks had been carried out on new members of staff to ensure they were suitable to work at the service.

Using medicines safely

- There were policies and procedures in place and medicines were managed safely. People told us staff administered medicines safely. Staff told us they received training and had their competency assessed regularly.
- There were regular medicines audits undertaken by the management team. Staff told us if they made a

medicines error they knew they would be supported and offered further training.

Preventing and controlling infection

- Staff had training in preventing and controlling the spread of infection and understood their role in how to protect people.
- Staff received training in food hygiene, to ensure food was prepared for people safely.
- People told us staff washed their hands and wore Personal Protective Equipment (PPE) such as aprons and gloves when appropriate.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents and were confident the registered manager would investigate these.
- The management team analysed incidents and accidents to pick up themes and to identify issues where staff needed support or further training. These were then shared with staff at meetings or personally at individual meetings.
- The registered manager gave us examples changes had been implemented and improvements made.

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 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 well supported. People's relatives confirmed that their relations needs and wishes were assessed when they joined the service and were recorded in a support plan.
- People's relatives told us their relations support plans were reviewed when required and any additional support added.

Staff support: induction, training, skills and experience

- Staff received an induction period and training before they started to work with people. Staff told us they thought the training was good and they spent some time shadowing a senior staff member. The registered manager told us they supported staff and introduced them to people before they started supporting them.
- People's relatives told us they thought staff were well trained, experienced and knew what they were doing.

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

- Staff knew how to support people to maintain their diet. Where people required meals to maintain a balanced diet, people told us staff helped them with preparing meals and snacks.
- The service used food and fluid charts to monitor people's nutritional intake when required.

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

- The service worked well with other agencies to provide timely care. People told us they were supported to access a range of local authority and healthcare services.
- The service worked with families to ensure people attended appointments and information was recorded in support plans.

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. Staff had training on MCA and told us how they supported people.
- People's relatives confirmed that staff obtained consent before care was offered to people.

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 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. Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were kind and helpful. One relative told us, "Staff are very, very kind, they go out of their way [to help]. I can't speak highly enough of them."
- Through regular contact with people the staff at Northamptonshire Carers have set up 'carer cafes' throughout the County where people could find ongoing support from like-minded carers. These had been instrumental in branching out into lunch clubs and a carer choir. Some of these had continued in an on-line basis due to the recent pandemic. Other groups included a community law group which provided guidance on finance and benefits to ensure people applied for the benefits for carers and those being cared for too.
- Care records were accessible in people's homes and had been developed with people and their relative's involvement.
- Staff told us they had the information they required to support people in the way they wanted.
- People told us staff treated them with dignity and respect and maintained their privacy.

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

- Staff told us they supported people to express their views and make choices about the support they required. People's relatives told us staff were flexible to their needs.
- People were asked their opinion on the service when contacted by office staff. There were no regular questionnaires sent to people due to the nature of the short-term service.

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 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 information about their life history recorded in their support plans. Information on people's family, previous work history, likes and dislikes were recorded so staff could make meaningful connections with people and understand their choices.
- People and their relatives told us they were very happy with the service. One relative told us, "The care that they gave was absolutely brilliant, the staff are friendly, they introduced themselves and made conversation."
- People's support plans were developed on the service being commissioned. Where there was a specific need, for example, where staff had to monitor people's needs throughout the night to enable a longer-term support plan to be developed. Information was gathered and passed onto another domiciliary agency to undertake the long-term support.
- People's preferences for male or female carers were recorded and staff told us how they strived to accommodate this.

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.

- The service used different methods to give people information in a way they understood. People's communication needs were documented in their support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to maintain links with friends and families for the short term the service was provided.
- People told us staff were matched with people, for example one person told us, "[Named] liked playing bowls and that walking was good, so the staff was happy to walk them to the bowling green." Another relative said, "[Staff] take [named] for a walk in the wheelchair, which is brilliant. They wanted to go out in the garden, so the staff took him and walked around the garden. They talked about the flowers."

Improving care quality in response to complaints or concerns

- There was a system in place to deal with complaints and we could see complaints had been dealt with appropriately and people responded to. People and their relatives told us they would contact the registered

manager if they had a problem, however all the comments we received in calls we made were overwhelmingly positive.

- The registered manager also provided a file with numerous compliments, which far outweighed the number of complaints sent to the provider.
- Staff described how they would record any concerns or complaints they received and pass them on to the registered manager. Staff felt these would be dealt with straight away. The registered manager told us, "Any problems I will contact the person and their family to address the problem immediately, we can often sort something out straight away."

End of life care and support

- There was no one receiving end of life care during the inspection.
- The registered manager told us people's support plans would include Do Not Attempt Resuscitation (DNAR) documentation when appropriate.

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 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; 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 management team was committed to providing high quality, person-centred short term care and support. Staff and the management team shared the same values which were those of similar voluntary bodies.
- The management team at Northamptonshire Carers have organised several support groups to assist carers and promote their independence and improve communication between carers and improve their knowledge, confidence and self-help skills.
- Complainants had received a detailed feedback to any complaint, and where required a written apology.

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

- Quality audits were performed to identify any issues and address them where required. For example, we saw audits of medicines and documentation. The document audit had picked up that staff were not fully recording the care delivered as they found it difficult to keep consistent notes on loose-leaf paper. This was addressed at a staff meeting and all recording paperwork was gathered together in a 'booklet' which resulted in the records following on from entry to entry.
- Staff told us they thought the management team were very supportive, were available for back-up for information and advice; and were available with the out of hours service.

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

- There was no periodic survey sent to people due to the short-term nature of the service. The registered manager told us that whenever office staff contacted people using the service at that particular time, feedback was sought about the effectiveness of the service and quality of service provided. This information was then fed to the registered manager, CEO and board of trustees.
- There was a planned programme of staff supervision and staff meetings where staff could raise issues or discuss concerns.
- The registered manager was part of a national forum for voluntary bodies and told us this was helpful to keep up to date with changes and share best practice.
- The registered manager told us they were keen to promote staff from within the organisation and staff were supported to undertake the care certificate and further qualifications to develop their career.

Working in partnership with others

- The service worked with a number of outside agencies such as social services and healthcare professionals and a number of voluntary bodies to support people and identify clear care pathways.