

Northants Community Care Limited

Northants Community Care Limited

Inspection report

5 Stanton Close
Finedon Road Industrial Estate
Wellingborough
Northamptonshire
NN8 4HN

Tel: 07510701260

Date of inspection visit:
25 February 2016

Date of publication:
06 April 2016

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 on 25 and 26 February 2016 and was unannounced.

The inspection was carried out by two inspectors.

Northants Community Care Limited provides personal care to people who live in their own homes in order for them to maintain their independence. At the time of our inspection the provider confirmed they were providing personal care to 27 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

People received medication at the right time. Records showed that medication had been administered safely and accurately.

Staff members had induction training when joining the service, as well as regular ongoing training. They were well supported by the manager and had regular one to one supervisions.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Northants Community Care 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 inspection took place on 25 and 26 February 2016 and was unannounced. We carried out an announced comprehensive inspection of this service on 11 June 2015. After that inspection we received concerns in relation to care planning, risk assessments, safe recruitment and training. As a result we undertook a second comprehensive inspection to look into those concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northants Community Care Limited on our website at www.cqc.org.uk

The inspection was carried out by two inspectors

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority to seek current information they held on the service.

We spoke with five people who used the service, two relatives of people that used the service, four support workers, the care coordinator, the registered manager, and the owner of the company.

We reviewed five people's care records to ensure they were reflective of their needs, three medication records, five staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe when they received care. One person said, "I feel very safe." A relative of a person told us, "We are all happy that [person's name] is safely cared for." All of the people we spoke with made similar comments.

The staff had a good understanding of the signs of abuse and how to report it. A One staff member said, "It's about making sure people are safe first, then reporting to management or beyond." All the staff we spoke with during our inspection had a good understanding of safeguarding and whistleblowing procedures and we saw that they had received training in these areas. We also saw that the service had notified CQC of any incidents as required.

People had risk management plans in place to cover various areas of potential risk within their life. The people we spoke with told us that they were happy that the risk assessments helped to keep them safe. The service had recently implemented a new format for risk assessing. This included environmental, medical, dietary, health and more. The risk assessments we saw were broken down into low, medium and high levels of risk. Sections were added to allow for further comment and actions to be made. We saw that the service was working towards this newer format of risk assessments for all the people they supported.

Safe recruitment practices were followed. The Registered manager told us they had completed a full audit of all the staff recruitment files and where they had identified any gaps, actions had been taken to rectify these. Within the staff recruitment files we examined we found application forms, a record of a formal interview, two valid references, personal identity checks and a Disclosure and Barring Service (DBS) check. All staff were subject to a probationary period before they became permanent members of staff. Recruitment procedures had been improved to ensure that staff employed were of good character, and were physically and mentally fit to undertake their roles.

People told us there were enough staff working for the service. One person said, "I have not had any missed visits, and I get phone call from the staff if they are going to be late." The staff we spoke with all felt that there were enough staff on the team to cover the visits required. Care and support was based upon a number of assessed support hours and whether the person required one or two staff members to provide that care. We looked at the staff rotas and saw that each staff member had their own individual rota. They indicated that staff attended to the same people for the majority of their visits, which meant people had consistency of staff. The rotas demonstrated that staffing levels were planned and sufficient to meet people's needs. They also gave staff time between calls to get from one place to the next which was based on the geography of the calls. Staffing rotas also showed that staffing levels were maintained on a regular basis.

Medication was administered safely. The people we spoke with were happy that they received the support they needed to take medicines within their home. One person said, "They do the meds for me. I have them in a locked cabinet at home, and the staff sort it out for me." Staff told us that most of the people they supported administered their own medication, and their role was simply to prompt and remind people. We

saw Medication Administration Records (MAR) for two people who did need staff to administer their medicines. These records were accurately filled out. The owner of the service told us that a new format of MAR would soon be used as part of the new systems being implemented. The owner and the registered manager felt that the newer system would help to further improve their recording of information.

Is the service effective?

Our findings

Staff members worked consistently with people. One person said, "I get the same staff most of the time. Obviously different ones come in to cover sickness or holidays, but I do get to see the same faces." This meant that people had staff members with the knowledge and skill to support them effectively. The staff we spoke with felt that the shifts system they worked was effective. One staff member told us, "It has improved a lot recently. I work with the same people and the locations are easy to travel between." We saw staff rotas that confirmed staffing levels were consistent.

People received effective care from staff who had knowledge and skills in working with them. One person told us, "They do a great job; they know how to care for me." The staff we spoke with told us that they felt confident in providing care for people and that the care planning was detailed and easy to follow.

Staff received training before starting work. One staff member said, "I went in and covered all my mandatory training, then I was able to go out and shadow other staff members." All the staff we spoke with confirmed that they went through the induction process before starting work. We saw training certificates within staff files as well as competency worksheets to show that they had understood the training they had received. The training records made available to us during the inspection demonstrated that staff had been provided with an induction before they commenced working with people. There was also a log of the visits when they had shadowed more experienced staff which was also part of their induction programme. The registered manager told us they in the early stages of implementing the Care Certificate induction programme. In addition we found that all staff had recently completed refresher training that was relevant to their roles and included training on safeguarding, moving and handling, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The staff we spoke with all had an understanding of MCA and DoLS. We checked whether the service was working within the principles of the MCA. 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.

Records showed that staff received formal supervision and an annual appraisal. The registered manager had recently completed a full review of the staff supervision and appraisal system and improvements to the process had been made. For example, we saw a matrix that contained the dates when staff would receive their supervision and annual appraisals for the year. This meant the registered manager knew in well in advance which staff were due, and could plan accordingly.

Staff gained consent from people before carrying out any care tasks. One person told us, "The staff always ask me first." All the people we spoke with made similar positive comments. We saw that people had signed consent forms within their files.

People were supported to maintain a healthy and balanced diet. One person said, "They help me with my dinners, I'm very happy with it." Staff told us that family members supported people with food preparation, but some people did need support with cooking.

People were supported to access healthcare services. One person told us, "My daughter usually helps with appointments, but I know that the staff can help me out too." The staff we spoke with confirmed that most people had family members to support them to attend appointments, but they also helped people at times. We saw that people had information within their files that detailed their medical needs and the support that they had been given.

Is the service caring?

Our findings

People told us they felt the staff had a caring approach with them. One person told us, "The staff are lovely, we have a laugh, I think they like coming to see me." Another person said, "The staff are great, I even got a phone call just before Christmas to check whether I needed anything extra."

All the staff we spoke with felt that they had good relationships with the people they provided care for and had consistent visits with people that enabled them to give personalised care. One staff member said, "There's no point doing this job unless you care about people. I try my best to make sure people are happy."

Staff were aware of people's personal preferences. The staff we spoke with were happy that the care plans contained personalised information that guided them to provide person centred care. We saw that a new model of care plan had recently been put together that included information on people's routines and preferences. The owner of the service explained that a new care planning system was being implemented which would allow them to further expand upon people's care plans and the person centred elements.

People told us they felt involved in their own care and support. One person told us, "I was asked what I want in my care plan. If I want help with something, they will do it for me." A relative told us, "We moved [person's name] from a different company that we weren't happy with. We have got it right this time though, we felt very involved right from the start." Staff told us that people's care plans were able to be added to or changed if necessary. We saw that information within people's files was regularly updated. We saw that people were given the opportunity to express their views about their care through reviews. We looked at people's records and saw evidence to show they were involved in decision making processes.

Staff respected people's privacy and dignity. All the people we spoke with said that they were happy with the way the staff treated them and that their privacy was always respected. People told us that they were happy that information about them was treated confidentially. The staff we spoke with were all aware of respecting privacy within people's home. One staff member told us, "I always consider the surroundings and make sure people feel as private as possible when any personal care tasks are being carried out."

People were supported to be as independent as they could be. One person said, "The staff encourage me to do as much as I can for myself. They help me when I ask for it, but they let me try and get on with things too."

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

Is the service responsive?

Our findings

People's needs were assessed before being receiving care from the service. One person told us, "They came out to see me before the care visits started, and we did the care plan then." The registered manager and owner of the company confirmed that people received assessments to ensure that the service could cater for their needs. We saw paperwork within people's files that confirmed thorough assessments had taken place.

People received care that was personalised to their needs. The people that we spoke with all felt that the staff knew them well, and knew how to care for them appropriately. We saw that people had personalised information within their care plans that prompted staff to regularly check on people's preferences and offer choice as much as possible.

People's needs were regularly reviewed and updated as required. One person told us, "If something needs to change, I tell them, and they change it. I am happy that I am being listened to." We saw that care plans and risk assessments had been recently reviewed and updated. Staff felt they were able to input to people's care and they could pass on information to management which would be acted upon.

People were encouraged and supported to develop and maintain relationships with people that matter to them. Relatives we spoke with told us that they felt the staff involved them in people's care and communicated with them in a positive manner. One staff member told us, "I often see the family members of the people I visit and I always try to keep them involved."

People had the time they needed to receive care in a person-centred way. People told us that they were given time to speak with staff and did not feel rushed at all when the staff were in their homes. We saw that people were able to state their preference of the gender of staff that provided them with care. The staff we spoke with all felt that there was adequate time during visits to care for people without rushing. They also told us, that the service had recently improved the rotas to enable travel time between visits as well.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure. One person said, "I've no complaints, but I wouldn't worry about making one." All the people we spoke with had a similar response. The owner of the service said that complaints were rare, but gave an example of one that was recently made and dealt with promptly to the satisfaction of the person making the complaint. A complaints folder was kept where all complaints were recorded. We saw that actions and responses were created and carried out for each of the complaints made.

Is the service well-led?

Our findings

People told us that the registered manager, care coordinator and owner of the company were contactable and easy to talk to. One person told us, "I can pick up the phone and talk to them if I need to. They are all very friendly people." A staff member told us, "I have really enjoyed starting work here. The management team are very supportive. It's much better than previous places that I have worked." Another staff member told us, "The management are there to help. They have been very busy recently implementing new systems for the service, but they are still very helpful and friendly when I go into the office."

We saw that the service had a staff structure that included the owner, registered manager, care coordinator and carers, and that people were well aware of their responsibilities. The staff we spoke with were aware of the visions and values of the service and felt positive about continuing to improve.

Due to the current size of the service and the number of people they supported, there had been few incidents and accidents reported. Those that had, had been reported and investigated appropriately and steps had been taken to address any issues raised. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The registered manager informed us that the service had quality assurance systems in place that were used to monitor and improve the quality of the care provided. At the time of the inspection the registered manager informed us that full audits were being carried out on all care plans, moving and handling plans and equipment, and the staff recruitment and training records.

We found that appropriate steps had taken place to address areas needing improvement. For example, a recent audit of the staff supervision and appraisal records had identified gaps in the frequency they were taking place. To ensure the staff received regular support through formal supervision and appraisal systems the registered manager had devised a matrix with the planned dates of meetings for the entire year. We saw that quality questionnaires had been sent out to people that used the service to monitor the quality they felt they were receiving and provide an opportunity to comment and feedback.

We saw that quality control had been implemented. The registered manager told us that they carried out spot checks on staff which involved supervisory practice, to ensure they were meeting the standards the service had set. There were records of team leader meetings that were held on a regular basis, which gave an opportunity for senior staff to provide feedback to the registered manager about the service.