

Northants Community Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 April 2018. At the last inspection in February 2016, the service was rated 'Good'.

At this inspection we found the service now required improvement.

Northants Community Care Limited is a domiciliary care agency. It provides personal care to 40 people living in their own houses and flats in the community. It provides a service to both older adults and younger adults.

Not everyone using Northants Community Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service did not always assess people's risk in sufficient detail. People had risk assessments in place, but they did not always cover the medical conditions that they had. Clear guidance was not always given to staff to understand how to recognise and respond to a person's medical condition.

The service did not always notify the Care Quality Commission (CQC) when required. Staff from the service had been present in people's homes when certain incidents had taken place, and had not notified CQC of these incidents as they were required to. This was a breach of the Care Quality Commission (Registration) Regulations 2009.

The service had 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 received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse. The staffing arrangements were suitable to keep people safe. The staff recruitment practices ensured staff were suitable to work with people. Staff followed infection control procedures to reduce the risks of spreading infection or illness. Medicines were administered safely, and lessons were learnt from any mistakes that were made through staff communication in supervisions and team meetings.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff received induction training when they first started work at the service. On-going refresher training ensured staff were able to provide care and support for people following current practice. Staff supervision systems ensured that staff received regular one to one supervision and appraisal of their performance.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet. The staff supported people to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People had their privacy, dignity and confidentiality maintained at all times. The provider followed their complaints procedure when dealing with complaints.

People had their diverse needs assessed, they had positive relationships with staff and received care in line best practice meeting people's personal preferences. Staff consistently provided people with respectful and compassionate care.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the service. People, their relatives and other professionals told us that they had confidence in the manager's ability to provide consistently high quality managerial oversight and leadership.

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 consistently safe

Risk assessments were not always created to detail people's medical conditions.

Staff understood safeguarding procedures.

Staffing levels were appropriate and consistent.

People's medicines were managed safely.

Staff followed infection control procedures.

Incidents and accidents were reviewed by the team to identify any required improvements.

Requires Improvement ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service was not consistently well led.

Notification about serious incidents were not always sent to CQC as required.

People were able to approach and speak with the registered manager and were able to see her when required.

People were asked for feedback on the service they received. Systems were in place to respond to feedback appropriately.

The service worked in partnership with outside agencies.

Requires Improvement ●

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 10 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that they would be in.

The inspection was carried out by one inspector and one assistant inspector.

Before the inspection, 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. The provider completed and returned the PIR and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies such as the local authority.

During our inspection, we spoke with seven people who used the service, two relatives of people that used the service, four care staff, and the registered manager. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, minutes of meetings with staff and people, and arrangements for managing complaints.

Is the service safe?

Our findings

The service was not consistently safe. People had risk assessments in place to assess different areas of their lives, but there were some areas of risk that had not been assessed. Risk assessments were not always created to detail people's known medical conditions. We saw one person's care plan described a surgical procedure they had undergone, and the medical condition they now had as a result. Risks associated with this medical condition were not assessed and documented. Guidance was not given to staff to help them recognise any symptoms of ill health related to the condition, or to outline any specific risks that were present as a result of the condition. This meant we could not be sure that staff were fully informed about how to safely support the person. Other risk assessments we saw contained all the relevant information about the people they were created for.

People told us they felt safe with the staff support they received. One person said, "I feel safe, they know what they are doing and I have not had any problems."

The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "I know I can contact the office at any point to report concerns. If I felt that I need to, I would go straight to the police or local authority safeguarding to report something. We are all trained and know what to do, and we know about whistleblowing procedures." We saw that staff were trained in safeguarding procedures.

Staffing numbers were sufficient to meet people's needs. A relative said, "They seem well staffed. We have set carers that come around and we usually see the same ones. If they are off for some reason, then someone else comes instead. I have never had a missed call so we feel comfortable that someone will always come." Staff told us they were able to support the same people consistently, and rotas we saw confirmed this.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. Staff we spoke with confirmed they were not able to begin work before these checks had been carried out. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

People were happy with the support they received to take medicines. We saw that staff had undergone medication training, and that details of people's medicines were kept in their files. Medication Administration Records (MAR) were used by staff to document what medicines had been given to people and when. Staff mostly filled these in accurately, although some entries were missed. The registered manager had identified when staff had not signed a MAR, and taken appropriate action with the staff members involved.

Staff had completed training in health and safety to ensure they were up to date with the most recent guidance to keep people safe. Observations and spot checks took place, to ensure staff followed infection control practices. People we spoke with told us that staff always used the appropriate equipment when

carrying out personal care, and staff told us they always had personal protective equipment available to support people safely. Staff had been trained in infection control.

Team meetings were held which enabled staff to discuss and feedback any issues. We saw that lessons were learned in relation to any mistakes that had been made, and discussions were held in order to make improvements to people's care. For example, we saw that a person's personal care routine was mentioned to staff in order to maintain the consistency and quality in care.

Is the service effective?

Our findings

People's needs were assessed to achieve effective outcomes, and care and treatment was delivered in line with guidance. We saw that detailed pre assessments of people's needs were created by management staff, before care was delivered, to ensure each person's needs could be met. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place. People we spoke with confirmed that they had received a visit from management before receiving care, and that care staff were all introduced to them before carrying out any care tasks. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

Staff were skilled, knowledgeable and experienced, and people received the care they needed. All staff went through an induction training package when starting employment. One staff member said, "The induction training was good, I had the time I needed to get to know everything." Continued training took place to refresh staff knowledge and keep up to date with standards.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts. The people we spoke with told us they were either able to prepare food themselves, or had family members support them, but staff could help them if they asked. We saw one example where staff were recording the fluid intake they supported a person with, as this was important to their health condition.

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that people had input from a variety of health and social care professionals to monitor and contribute to their on-going wellbeing. This included reviews and input from funding authorities, and communication and investigation around any safeguarding alerts and concerns.

Staff had a good knowledge of people's health requirements, and were confident in obtaining the support of health professionals when required. For example, we saw that one person had been supported with an occupational health referral. Records showed that people's health requirements were documented in detail and updated as needed.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA 2005, and conversations made during the inspection confirmed staff sought consent before providing care or support to people.

Is the service caring?

Our findings

People told us that staff treated them with care and respect, and they had been able to develop good relationships with staff. One person told us, "The carers are great. I really like them, and we get on well. It's sad on the occasions that staff move on to work elsewhere, because you really get to know them." A relative we spoke with said, "We are very pleased with the care that [name] gets. Very good quality and I would recommend them to anyone." We also saw a written quote which said, 'I would like to acknowledge the great care that all of your staff have shown my mum and family.' Staff confirmed with us that they were able to consistently visit the same people, and could therefore build positive relationships with people and their relatives.

People were involved in their own care as much as they were able to be, and relatives were involved when required. We saw that people were regularly consulted about their care and given the chance to make changes wherever they wanted to. One person told us, "I feel very much involved, the staff listen to what I have to say, and I direct my own care."

Staff were respectful of people's privacy and dignity when providing care. One relative told us, "Yes the staff are very respectful. They maintain [name] privacy when providing personal care." Care plans we looked at directed staff to consider people's privacy and dignity when carrying out tasks. Staff were able to explain the importance of gaining people's trust and respecting people's dignity at all times. We discussed the details of people's care with staff members, who were always considerate that personal information was not shared with people inappropriately.

Is the service responsive?

Our findings

Care and support was personalised to meet individual needs. The care plans we looked at outlined the care tasks that were required for each person, and included detail specific to each person. We saw that throughout the care planning, person centred information was present which included people's preferences, likes and dislikes. This enabled staff to understand more about each person and engage with them in a personalised way. For example, one care plan stated that staff should always make sure to offer a choice of clothing to someone when helping them dress. One person we spoke with said, "The carers are very good. They take time and listen to what I have to say. I do not feel rushed in any way." Staff we spoke with confirmed they had been able to be introduced to people before starting any care. One staff member commented, "It was good to get an introduction to people, more experienced staff let me know things about the person, and the care plans filled in the rest of the information."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. We saw that one complaint had been made, but nothing was recorded to evidence the outcome. The registered manager told us that a management member of staff that has since left the service, had dealt with that specific complaint, so did not know the outcome. The registered manager told us she would follow this up with the person who made the complaint, and all future complaints would follow the company policy and procedure. Information from complaints was fed-back to staff when required, so that learning and development could take place.

No end of life care was being delivered to people at the time of inspection, but the registered manager told us that support could be offered to people around end of life care and decisions, if required.

Is the service well-led?

Our findings

The CQC require notifications from services. Notifications are events, which happen in the service that the provider is required to tell us about without delay. The registered manager did not always notify the Care Quality Commission of incidents when required. We looked at the accident and incident reporting forms, which detailed staff and management actions when accidents had taken place within people's homes. We saw that the staff were present when a person had a fall which resulted in a fracture, and hospital treatment. The service took the appropriate actions to support the injured person, who received the help they needed. This was a notifiable incident that CQC was not informed about. We saw another example of an accident report form that detailed an injury to a person resulting in a large amount of blood loss. The staff supported them appropriately and the person received the emergency medical treatment they required. This was also a notifiable incident that the CQC was not informed about. We spoke with the registered manager who said she was not aware of the requirement to notify CQC of these type of events, but would now do so in the future.

This failure to notify CQC was a breach of the Care Quality Commission (Registration) Regulations 2009 – Regulation 18:Notification of other incidents.

Quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care. Records on people's care, staffing, and policies and procedures held within the agency office were organised and up to date, however, records did not always evidence that some risk assessments were updated as required. We saw that people's care plans were updated and reviewed regularly, and updates were recorded. When no changes were required, this was also documented and dated. It was not always evidenced that people's risk assessments were also part of this review and update. Some risk assessments we looked at were dated over two years ago. The registered manager told us that the information within the risk assessments would have been reviewed along with the persons care plans, but this was not always specified in the review updates. The registered manager told us that this would now be specifically recorded in the updates to ensure there was evidence of the reviewing of care plans.

The service had 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.

The service had a clear vision and strategy to provide positive care for people, and staff we spoke with told us they felt the service was well managed. The managers we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. The staff we spoke with were happy that they had the right support in place to do their jobs, and felt positive about working for the service. One staff member said, "The management is very good, I get my rotas on time and everything is communicated well." Another person said, "Both the registered manager and the provider are always available and very supportive."

The people who use the service and the staff, were able to have their voices heard and were engaged and involved in the development of the service. People we spoke with felt that the staff always listened to them and responded appropriately. One person said, "If I ask for something to be changed, I'm confident it will happen. The service is managed well in that way."

The people using the service and their family were able to feedback on quality. We saw that quality questionnaires were created for people, which enabled them to record feedback. We saw that feedback was collated and analysed by management. Responses were given to people when necessary.

The latest CQC inspection report rating was on display at the service and on the provider website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included holding strategy meetings where appropriate and liaising with the local authority. We saw that the local authority had been communicating with the service and had set actions for improvement. The registered manager showed us how progress had been made from the actions that were set, and commented that the relationship with all other social care professionals was positive.