

Your Care and Support Limited

Your Care and Support Northampton

Inspection report

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Date of inspection visit:
13 November 2019
15 November 2019
19 November 2019

Date of publication:
14 January 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Your Care and Support Northampton is a domiciliary care agency providing personal care to people living 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, 61 people were receiving support with personal care.

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

People's risks had been assessed, however the provider did not have plans in place to mitigate all risks identified or provide enough guidance for staff to ensure people were supported safely.

There was not always enough staff to meet the needs of people using the service. People had frequently experienced late and missed calls and were at risk of neglect where care had not been provided.

We found gaps in medicine records and we could not be assured people were receiving their medicines as prescribed.

People were not always supported with eating and drinking. Visits to support people with preparing meals and drinks had been missed, this had also affected people that needed to take their medicines with food.

Systems and processes in place were not effective in identifying areas where improvements were needed within the service. Audits and quality assurance tools were not robust enough to drive improvement or provide enough oversight of the service.

People did not feel complaints were always acted upon. The provider had acknowledged this and had prioritised their focus on resolving issues and concerns raised.

Staff were not always receiving supervision or competency checks to support them in carrying out their role effectively. Staff told us how inconsistencies in communication from management and pressures on staffing had affected staff morale. Some improvement had been made, however this was not yet consistent or embedded into the service.

Staff were aware of how to identify and report any signs of abuse to safeguard people from harm.

People were supported by staff that were recruited safely and had received mandatory training as part of their induction to support their role.

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

The provider was in the initial stages of implementing changes to improve service delivery, following recent concerns raised. Actions had been taken and were ongoing to recognise changes needed, to support staff and to improve people's experience of care. This was not yet embedded into the service to demonstrate its effectiveness.

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

Rating at last inspection

The last rating for this service was Good (published 13 September 2018).

Why we inspected

We received concerns in relation to the management of the service, staffing, missed or late calls, outdated care plans and missed medicines. As a result, we undertook a focused inspection to review the Key Questions of Safe, Effective and Well-led only.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Your Care and Support Northampton on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, meeting nutritional and hydration needs of people, staffing and good governance at this inspection.

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.

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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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Your Care and Support 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 team consisted of two inspectors.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A registered manager 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

This inspection was unannounced.

Inspection activity started on 13 November 2019. We visited the office location on 13 November 2019 and carried out home visits for people using the service on 13 November 2019 and 15 November 2019. Telephone calls with staff were undertaken on 15 November 2019 and 19 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, local safeguarding team, commissioners for people using 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 the information the provider sent us in the provider information return. 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.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the branch manager, quality and compliance manager, carers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at peoples and staff care rosters, peoples call monitoring data and safeguarding records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management; Staffing and recruitment; Using medicines safely;

- Peoples risks had been assessed, however these were not consistently planned for.
- Several people with significant health conditions, such as diabetes and epilepsy, did not have care plans to provide guidance for staff to safely support them. Where people had other risks identified, for example, risk of choking, there was no risk assessment in place to offer support to staff should the person choke.
- People described their regular care staff as 'wonderful' and 'brilliant', however people were not always supported by staff who knew their care needs and care plans were not always available to follow in people's homes. One staff member told us, "I read care plans, introduce myself and ask the client as well as things may have changed. Care plans are often out of date". Another staff member told us, "I look in care plans if I can find it or they [people] tell me what to do."
- Staff were being recruited appropriately, however the provider did not always have enough staff to provide safe care. Several people had experienced missed and late calls, which placed them at risk of neglect. One person told us, "Staff are often late or don't turn up." We found examples where this had affected people receiving their personal care, meals and medicines. We discussed this with the nominated individual who recognised the concerns and identified factors, such as staff sickness, had contributed to some staff shortages.
- Staff travel times were not always considered between calls. One staff member told us, "Pressures on staffing is having an impact on the service users." Another staff member said, "No travel time is provided on calls. Means you rush around."
- We identified gaps in people's medicine administration records (MAR's) and could not be reassured people had received their medicines as prescribed.
- People's information, such as allergies, and medicine information was not always documented on MAR's accurately or in line with best practice guidance.
- Risk assessments had not been completed for people prescribed flammable emollient creams to make staff aware of the potential fire hazard they pose.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to our findings during and after the inspection. They confirmed that actions were planned to review all risk assessments and care plans. Recruitment was ongoing and new staff were undertaking induction at the time of inspection. Issues regarding call times were being resolved. The

nominated individual told us all MAR charts would be reviewed and updated to ensure medicines were prescribed correctly, with additional audits to be carried out for administration.

Systems and processes to safeguard people from the risk of abuse

- The provider understood their responsibilities under safeguarding and there were records of when the provider had completed safeguarding alerts. It was not clear as to whether all concerns, such as medicine administration, had been investigated and therefore notified to relevant agencies appropriately.
- People told us they felt safe with regular care staff. Staff had completed training in safeguarding people from abuse or avoidable harm. Staff knew how to identify and report signs of abuse by following safeguarding and whistleblowing procedures.
- The provider had cooperated with the local authority in safeguarding investigations.

Preventing and controlling infection

- Staff had received infection control training and knew how to reduce the risk of infection. Staff had access to personal protective equipment, such as gloves and aprons, when supporting people with their care.

Learning lessons when things go wrong

- The nominated individual was open and honest about the challenges experienced within the service. They explained actions that had been taken and ongoing monitoring to recognise changes needed, support staff and improve people's experience of care.
- The nominated individual and quality and compliance manager had recently based themselves within the branch to review and improve the service following significant concerns. They had prioritised communications with people using the service to resolve complaints and issues raised and we saw records of this.
- The provider had systems in place for recording and reviewing accidents and incidents to mitigate future risks.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- Staffing levels and skills mix were not always effective in meeting care and treatment needs of people using the service. People had experienced late or missed calls and were not assured staff always had enough knowledge or skills to meet their needs. One person told us, "New carers do not know what to do and need to be told by us." Staff did not have access to sufficient guidance or awareness to support people with their significant health conditions.
- Staff did not always feel supported by the management. Systems in place to seek on-call management support were not always effective. For example, one staff member told us, "There is only one number to call when out in the field and cannot leave messages. We get told to call office number, then it maybe gets diverted. It's hit and miss."
- Not all staff had been monitored to check their competency in administering people's medicines. This is required to demonstrate staff were administering medicines safely and effectively.
- Staff told us they did not always receive regular supervision. One staff member told us, "I have not had supervision or spot checks since I started." Another staff member said, "I have had supervision once, not sure when."
- Staff received an induction at the start of their employment. However, staff did not feel they always had enough time to shadow experienced members of the team to meet their needs during their induction. The nominated individual told us shadowing should be a minimum of 4 hours, dependent on the person [staff]. One staff member told us, "The shadowing wasn't long enough, half a day then on my own same night. I raised this to [manager] and they said it would be fine."

The provider did not have sufficient numbers of staff to meet people's needs and staff were not always supported or supervised to carry out their role effectively. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Training was provided in line with the Care Certificate, which was effective from April 2015 and is a benchmark for the skills people require to be effective care workers.

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

- People's nutritional needs were not always met. Where people were supported with their eating and drinking, we saw evidence of several missed calls where people were not provided this care need. This meant there was a risk of people not receiving effective support around their nutritional and hydration needs.

- One person with time sensitive calls for staff to support them with preparing their meals had experienced several late calls. This had delayed their medicine regime at times. Staff were also not provided with guidance in care plans to support with this person's specific dietary needs.

The provider did not always meet the nutritional and hydration needs of people as part of their provision of care. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014.

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

- People's needs and choices were identified before receiving care from the agency. Pre-assessment records identified risks, likes, dislikes and preferences. People's care plans provided basic information for staff to follow and promoted choice. Staff told us service user plans provided "enough information", however we found not all risks had been addressed within the care records.

- People told us they were involved in their care plans. Reviews for care had taken place, although not all outcomes had been actioned. The provider told us they will be reviewing all care plans in liaison with people, their relatives and carers to provide more detailed and personalised guidance for staff.

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

- People's care records confirmed the service liaised with other professionals when required to ensure people had access to the right support. For example, staff had worked with occupational therapy to ensure safe and appropriate equipment was in place to enable a person to be supported effectively with transfers.

- Staff worked with other agencies to provide consistent, effective care. For example, one staff member explained they would contact the district nurses if they had any concerns with a person's catheter care to minimise risk of further issues.

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.

- Staff received training in MCA and DoLS and were aware of the importance to gain consent from people before providing their care. People told us they were treated with respect and dignity.

- People's capacity to consent to their care and support had been assessed by the provider, their relatives and the professionals involved in coordinating their care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- There had not been a registered manager in post since July 2019. Quality assurance tools, such as medicine and care plan audits, were not robust enough to identify the issues raised during inspection and had not always identified actions to improve quality of the service.
- The provider had no clear process to ensure care plans and risk assessments were checked for their accuracy. Care plans lacked guidance for staff and were not being reviewed and updated with relevant information. We discussed our findings with the nominated individual and they told us they will be looking into a new format, when a registered manager is in post, to provide assurance that care plans and risk assessments have been completed appropriately.
- The provider did not have systems or processes that were effective to always identify where safety was being put at risk. We could not be assured that the provider had fully investigated, and therefore appropriately notified CQC, the concerns identified during our inspection. Following the inspection, the provider had sent notifications in relation to missed calls and raised safeguarding concerns, however these were not submitted without delay.
- Processes in place to manage and communicate potential missed care calls for people were not always followed in line with the providers policy and procedures.
- Staff had not been managed effectively to ensure they were supported to provide people with a consistent delivery of care to meet their needs.

The providers systems and processes were not established or effective to ensure people received a good quality safe service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A quality and compliance manager had recently been allocated to the service. They told us they had focussed on implementing a templating system to improve call time scheduling for staff, with consideration of people's preferences to meet their needs.
- The nominated individual told us the provider had started a project to introduce electronic MAR's, to improve current processes and monitor medicine administration in 'real time'.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- Systems and processes were not always effective to ensure person-centred care was followed to achieve good outcomes for people. People were not confident the service could always meet their needs, one person told us, "It worries me when the rota says, 'carer required'." Another person said, "It's the office that's the issue, not arranging or sorting things out."
- Staff told us there had been issues with morale in the team due to inconsistencies in staff coordination and poor communication. Some improvements were recognised in recent system changes for staff rotas and people's call times. One staff member told us, "I have noticed a change with the rota since [Quality and compliance manager] and [nominated individual] have been in post... It has improved consistency, they [people] are happy and I am happy."
- Several people told us they were not always asked for feedback about their care and the communication with the service had deteriorated. We saw evidence that some people had been involved in reviews of their care and service delivery. The provider had recently planned and carried out meetings with people and staff involved with the service to improve engagement.
- Relatives had been involved in recruitment processes to promote inclusivity and openness within the service.

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

- People were not always kept informed when there were issues with their calls being staffed. One person told us, "Communication is very bad with the office. They never tell us when there is a problem." During our inspection, one person told us they had to call the office to remind them of their scheduled call that morning.
- People told us they had experienced poor communication in response to complaints. We discussed raised complaints with the provider and actions had been identified, such as planned meetings with people, to discuss and resolve complaints, concerns and issues that had been raised.
- The provider had been open and honest about the challenges with staffing and had recognised improvements were needed within the service. We saw the provider had sent letters to people to acknowledge recent concerns and provide a platform for people to discuss changes where needed.
- Staff were aware of the whistle-blowing policy and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon appropriately.

Working in partnership with others

- The provider had worked in partnership with other agencies regarding the care and quality of the service, including the local authority and local safeguarding team.
- Healthcare professionals had been involved to support some of the needs for people using the service. This included professionals such as district nurses, occupational therapists and GPs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to have systems either in place or robust enough to demonstrate safety was effectively managed. People were at risk of receiving poor care.</p>
Personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The provider did not always meet the nutritional and hydration needs of people as part of their provision of care.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were not effectively used or robust enough to ensure the quality of care provided was assessed, monitored and improved when needed.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not have sufficient numbers of staff to competently meet people's needs and staff were not always supported or supervised to carry out their role effectively.</p>

