

Darlo Care Ltd

# Home Instead East Northants

## Inspection report

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Tel: 01933678775

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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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 15 and 17 June 2016 and was announced.

The inspection was carried out by one inspector.

Home Instead East Northants 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 90 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 were knowledgeable about the risks of abuse and understood how to respond appropriately to any safeguarding concerns. Risk to people and the environment had been assessed and identified hazards which people may face. They were user friendly and provided guidance for staff to manage any risk of harm.

People had been recruited in to their roles safely. 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. Staff had undergone appropriate checks before commencing their employment to ensure they were safe to work with people.

People told us that their medicines were administered safely and on time.

Staff members had induction training when joining the service, as well as regular on-going training.

The service had a robust and innovative training system that allowed for staff development and accurate matching of staff skill with the needs of the people being supported. Training was initiated according to the specific needs of the people receiving support, and gave staff the opportunity to continuously develop their skills in a way that was specifically relevant to the people they supported.

The service regularly sought out new ideas and contacts to enable the development of the staff team and the improved care of the people being supported.

Staff received regular supervision and support to identify areas for self-development and to ensure they remained competent to meet people's needs in the best possible way.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

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

People told us that staff were able to support them with access to health appointments when necessary. The staff we spoke with told us that they felt confident in supporting people with their health needs and could support people to appointments.

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

People's care was person-centred. Care plans had been written with people's involvement to ensure they were reflective of their needs, wishes and preferences and were reviewed on a regular basis to ensure they were accurate and up-to-date. People were able to contribute to the way in which they were supported.

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

People were supported to achieve significant goals that required complex planning and support from staff that knew them well. This meant that positive outcomes were achieved for people including feeling empowered, being able to support others, and being part of a wider community.

Staff were aware of their roles and responsibilities and were motivated to perform them well and meet people's needs. People and staff were positive about the leadership at the service. They felt well supported and were able to approach the registered manager and team leaders whenever they needed to

The service had a complaints procedure in place and people knew how to use it. Any complaints made were dealt with appropriately.

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 very effective.

New staff had received a robust induction designed to equip them with the essential skills to support people.

Staff received innovative training to meet a range of complex needs to ensure the care people received was right for them.

The service researched and developed links with other organisations and community groups to enable both service development and improved quality of life for the people using the service.

The service was meeting the requirements of the Mental Capacity Act 2005 and staff were aware of their responsibilities to always act in a person's best interests.

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.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

Staff demonstrated they had a good understanding of the people they were supporting.

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?**

**Outstanding** ☆

The service was very responsive.

People were supported to achieve significant goals that required complex planning and support from staff that knew them well.

People felt empowered within their lives and were supported to achieve goals that they had set for themselves

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

People had their needs assessed and staff knew how to meet them. The service was flexible in the way it provided care.

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.

The service was led by a registered manager who had vision and values that were shared by staff, for the development of the service.

People knew the registered 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

# Home Instead East Northants

## **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 15 and 17 June 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone would be in the office on the day of the inspection to help respond to our questions and to provide us with evidence

The inspection was carried out by one 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.

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 for any information they held on the service.

We spoke with eight people who used the service, one relative of a person that used the service, five support workers, a senior support worker, a networking officer, a scheduling officer, a training coordinator, the registered manager and the provider.

We reviewed eight peoples care records to ensure they were reflective of their needs, eight 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 receiving care from the service. One person said, "Yes I feel in very safe hands when they are with me." All of the people we spoke felt safe with the care they received. The registered manager told us that the service promoted a protection from fraud scheme that raised awareness of the risks of fraud with the people they support. We saw that information had been provided for staff to speak with people about such risks, and promote safety within their own homes.

We spoke with staff about safeguarding procedures, and we found that they all had a good understanding of the signs of abuse, and how to report it. One staff member told us, "I inform the management if something is wrong. They would then take it from there, but I know that I can contact the police or the Care Quality Commission (CQC) if I need to. I can use whistleblowing procedures if required." All the staff we spoke with had a good understanding of whistleblowing procedures and we saw that training had been provided within these areas. The registered manager was aware of the requirement to notify CQC about incidents as required.

People had detailed risk assessments in place that covered the major risks that were present within their lives. This included mobility, dietary, medical, decision making, social and emotional support. The risk assessments we saw detailed the risks present, and the method of support the staff should take to maximise people's independence whilst remaining safe. All the risk assessments we viewed had been monitored and updated to reflect any changes necessary.

The service recruited staff safely. The staff we spoke with all said that they had undergone a full Disclosure and Barring Service (DBS) check before being able to start work. References from previous employment were sought and identification checks were carried out. We saw that the service maintained a record of all staff members DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks.

There were enough staff working for the service. The people we spoke with told us that they had consistent members of staff to provide their support, they arrived on time, and supported them for the amount of time that they were allotted. One person said, "I see the same faces, obviously people have holiday and sickness, but I always get notified if someone new is due out." The staff we spoke with all told us that they thought there were enough staff within the service to cover the shifts needed. One staff member said, "We work in small teams, but sometimes we cover for other people's visits. There is enough staff to help each other out." We saw staffing schedules which showed that each staff member had set times for visits and travel time in between calls. During our inspection, we spoke with a member of staff who put the staffing schedules together. They told us, "We also have schedules that we give to the people using the service, as they like to see in advance who will be supporting them. If any changes occur, we call them and let them know."

We saw that a screen within the office displayed all the scheduled visits that were due in chronological order. There was a colour coding system that alerted staff within the office if for some reason a call had been cancelled, missed or delayed. Staff members logged the start and end of each visit by phone, which was



then displayed on the screen. This enabled the office staff to keep track of the staff members providing the care and made sure that people were safely supported.

Medication was administered safely. The people we spoke with told us that they were happy with the way they were supported to take any medicines. Staff told us that they supported people with the administration of medication. We saw Medication Administration Records (MAR) that showed the type, route and dosage of medication, and they were all signed accurately with no gaps. We saw that all staff had undergone medication training and competency checks to monitor the quality and safety of the service. We saw that quality audits regularly took place to check the accuracy of medication administration and its recording.

# Is the service effective?

## Our findings

The staff had the knowledge and skills to support people effectively. All the people we spoke with told us that they thought the staff were well trained and knew how to support them well. All the staff we spoke with were confident that the training and guidance they received enabled them to work effectively with people.

People had initial assessments carried out by senior staff members. This enabled the service to match staff members with the people who required support, according to the skills and personality types of the staff. The people we spoke with told us that they regularly saw the same staff members and that they were introduced to them at the start of their care package.

Induction training was provided to all staff members when they started employment with the company. The registered manager told us that the staff took part in three days of mandatory training within the office, and then this was followed by shadowing other more experienced staff until they were confident. All staff were also enrolled on to the Care Certificate. The records we saw and the staff we spoke with confirmed that this was the process they went through on their induction.

The service had an innovative and creative training system, which enabled staff to put their learning into practice to meet people's specific needs. One person told us, "The staff are excellent, I know that they get very good training and that it is tailored to my needs." One staff member told us, "I have my training tailored to the people I support. I feel very confident when I am supporting people because the training is so good." The registered manager told us that the training system worked on a traffic light colour scheme of green, amber and red. Green represented the mandatory training that all staff members were expected to undertake to meet people's basic needs. Amber represented more complex training, which was optional for staff members to take on. This covered for example, training on percutaneous endoscopic gastrostomy (PEG) feed systems and catheter care. This enabled staff to effectively support people with a higher degree of dependency needs. Red represented training in the more complex areas of challenging behaviour support, autism awareness, the administration of buccal diazepam in treating seizures and other more specific medication training. This enabled staff to support individuals with a wide range of needs. All people using the service received an initial needs assessment as well as regular reviews of their care. This meant that the service could train the staff according to the current and relevant needs of the people being supported. The outcome of this approach to training was that people's needs were met in a very person centred way. We saw records that showed that all staff training was monitored and up to date.

During our inspection, we saw that the office had a dedicated training facility which included various equipment such as a bed, hoist and moving and handling equipment. This enabled the staff to get hands on experience with the equipment that people use within their own homes. One staff member said, "We can experience what's it's like to be in a bed, or be hoisted. It makes a big difference when you know how something feels."

We saw that the service had an innovative approach to gaining information both from and for people and their carers, and using it to the benefit of the service they provided. We saw that the service ran drop in

sessions for family members as well as the general public. They used the sessions to allow people to socialise and share ideas, stories and experiences about supporting people with dementia and other illnesses. Staff we spoke with were enthusiastic about how these sessions enabled them to provide even better quality care as the information from family members was invaluable.

The service employed a member of staff whose main role was in networking and research within other organisations that would develop staff and benefit people. They would then utilise these skills, knowledge and contacts on both a service wide and individual level. For example, they had researched information on assistive technology, which was shared with the staff members who could make suggestions of people that may benefit from this. We also saw that the staff member had recognised that a person had an interest in cricket, but was not able to attend cricket matches due to mobility issues. The person was given support to attend and network with community members at the local cricket club. This then led to a member of the community volunteering to support the person to travel to and from the cricket ground, and enabling them to enjoy watching the game.

We checked whether the service was working within the principles of The Mental Capacity Act (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. The staff we spoke with all had an understanding of the Mental Capacity Act (MCA).

Staff gained consent from people before carrying out any care tasks. One person told us, "They involve me with everything, I'm very happy." We saw that people had various consent forms within their files which they or a family member had signed. All the people we spoke with made similar positive comments.

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. The registered manager and staff told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity.

Staff members received supervision from senior staff. The staff we spoke with confirmed that they were given the opportunity to talk about their work and review progress. We saw records of these supervisions and that various topics had been discussed. The registered manager also told us that senior members of the team carried out spot checks which formed part of their supervision. Staff members confirmed that these spot checks took place.

People were supported to maintain a healthy and balanced diet. The people we spoke with told us that staff members helped them with meals and drinks as and when required. The staff we spoke with told us that most people receive family support for meals, but they did help some of the people they visited. We saw that people had documentation on dietary and fluid needs within their files where necessary, and that staff had recorded any support with food and drinks within daily notes.

People had support to access healthcare services. All of the people we spoke with told us that family members usually supported them to health appointments, but the staff could help them if they needed and let them know. The staff we spoke with confirmed that they had supported people to attend appointments. 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

The staff had a very warm and caring approach towards the people that used the service. One person told us, "The staff are so nice. They are much better than the last company that I had support from." Another person said, "They really are lovely people." All the people we spoke with made similar comments.

The staff we spoke with all felt that as they were able to regularly support the same people, they were able to get to know them and develop caring relationships. One staff member said, "Yes I have regular clients that I support. I like working in this way because I can really get to know people and understand them." All the people we spoke with confirmed that they had regular staff members support them, and that they always got a phone call should anything need to change.

Staff knew the preferences of the people they were supporting. One person said, "The staff know me very well, we have built up a great relationship." All the staff we spoke with were able to explain in detail how people liked to be supported and what their personalities and personal histories were about. We saw that the service valued and promoted positive and caring relationships between staff and people. Examples of positive relationships and interactions with people were recorded and shared within the staff team. This helped to embed a caring approach across the whole staff team.

People's needs were met in terms of their preference of staff that supported them. We saw that both male and female carers were employed by the service, as well as a wide age range of staff. The registered manager told us that people had preferences in staff that were respected wherever it was possible.

Some people used advocacy services. The registered manager told us that staff members were asked to promote and support the use of advocacy services with those people who may benefit from them, such as individuals that did not have family members who could support them. We saw evidence within people's files that contact with advocacy service had been made.

People told us that they felt involved and included in the service. Everyone we spoke with told us that the communication between them and the staff was excellent. One person said, "I speak with managers on the phone and discuss changes if I need to, everyone listens." The service sent out newsletters about events that they were running as well as events within the community that would be of interest to people. We saw that staff members were given information about events that were local to the people they were supporting.

People's privacy and dignity was respected by staff. One person said, "The staff are very respectful." 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. The staff we spoke with were all aware of respecting privacy within people's home. One staff member told us, "Respecting privacy is extremely important, if people feel that their privacy is not upheld, they are obviously going to be very upset." Another staff member said, "I am always conscious of making sure that the curtains are drawn and that other people in the house are not present when I'm doing personal care with a person." We saw that policies were in place to ensure that all staff respected privacy and dignity of people and this was promoted within the staff team.

## Is the service responsive?

### Our findings

People's needs were assessed before being receiving care from the service, and then reviewed and updated regularly. All the people we spoke with told us that an initial assessment had taken place. The registered manager told us that new people would receive an initial assessment from a senior member of the team and this would be regularly reviewed. One staff member told us, "We find out what people's routines are and work to that, rather than make people fit in with us." We saw paperwork within people's files that confirmed thorough assessments had taken place and they were reviewed regularly.

People were supported to maintain an excellent quality of life and achieve life goals, follow their interests, and make links with the community. This was enabled by staff members who were able to work closely with people, develop a caring and supportive relationship, and understand people's preferences, likes and dislikes. One person wished to be supported to attend a nephews christening ceremony in Copenhagen. The person had complex health and support needs, and the staff member involved in their care was able to spend the time required to plan and risk assess this major goal. Staff researched and made arrangements to make sure that flights, hotels and health care needs could be efficiently provided to enable the trip to go ahead. The trip was a success for the individual, who would not have been able to achieve it without the caring relationship that was evident between the staff and themselves. The outcome for the individual was that they were able to achieve their goal, be with their family and increase their confidence. We saw that the service documented this example of good work and used it to promote caring relationships with the wider staff team. All the staff we spoke with told us how important it was to get to know their clients and support them to improve their quality of life wherever possible.

We saw that staff were able to support people to feel empowered within their lives and make decisions that were important to them. One person wanted to be able to fundraise for charity and help others in their community. The person was supported to find an interest of theirs, and use this to raise the money. The staff member involved was able to spend time with the person planning a coffee morning, baking cakes and making goods to sell and fundraise. The event was a success and £400 was raised. Another example of this is a person being supported to raise money for a charity by taking part in the popular ice bucket challenge that was being attempted by many people across the country. This approach from staff members meant that positive outcomes for people were achieved such as feeling empowered, being able to contribute and support people in need, be part of a wider community and make a difference. Again, the examples were used by the service to promote this approach within the staff team. All the staff we spoke with were extremely positive and had an 'anything is possible' attitude

People received care that was personalised to their needs. One person told us, "I think the staff know me very well and listen to what I have to say. I would soon speak up if they didn't." The care plans we saw reflected their likes, dislikes and preferences, and they were involved in their own care planning. One person told us, "I am very happy with the care plan, it's definitely all about me. I am completely involved." We saw that people's personal history was documented, as well as a specific breakdown of their preferred routines including things like how and when they like their tea, or what their favourite breakfast was. The care plans encouraged staff members to promote choice wherever possible, as well as supporting people to be as

independent as possible. For example, where a person needed support with a shower, the care plan stated that wherever possible, staff should encourage the person to wash themselves as this promoted their independence.

All the risk assessments and care plans we saw were regularly updated and reviewed. The people we spoke with felt that care plans were relevant to them, and that they could alter or change things as and when it was required. We saw that as well as routine reviews of care plans, that changes had taken place as a result as and when people needed.

People were encouraged and supported to develop and maintain relationships with people that matter to them. A relative 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 relative told us, "The communication is very good. We are as involved as we need to be."

People had the time they needed to receive care in a person-centred manner. The registered manager told us that the service predominantly provided a minimum of one hour support slots, although some visits had been made shorter for clients for specific reasons. This enabled people to have their care needs fully met and gave the staff enough time to get to know the people they were supporting and not rush through any tasks. We saw staffing rotas that confirmed the visits people received were an appropriate length of time to meet their assessed needs.

People received planned care when and where they needed it. All the people we spoke with felt that the service was flexible to their needs, and allowed them to direct the care in the way that they wanted. People told us that whenever the service needed to make any changes due to staff shortages, sickness or traffic problems, they were notified. We saw that the scheduling system used clearly displayed any gaps, staff sickness, holiday or errors so that they could be acted upon and corrected.

People were able to be involved with the development of the service. Where people had a number of regular staff members support them, we saw that these small teams were able to hold staff meetings within the persons home. This enabled the person to directly discuss things and be involved in their own care.

People knew how to share their concerns and complaints. All the people we spoke with told us that they had not had to make any complaints, but were aware of the formal complaints procedure. The registered manager showed us that the service had a complaints policy and procedure for dealing with complaints effectively. We looked at records of complaints and found that they were recorded and people received a satisfactory response to their complaint which resolved it. Where practice improvement was identified the service was proactive in taking action to ensure that future issues did not arise.

## Is the service well-led?

### Our findings

People told us that the registered manager and the management team were kind, helpful and approachable. One person said, "I know the registered manager, she has been out to see me before and I can contact her by phone if I need to." A staff member told us, "I love this company. I feel supported and involved in the development." We observed that the registered manager and others on the management team were very knowledgeable about the people that use the service and the staff members. The registered manager was able to describe the overall positive and caring culture and attitude of the service and how it continued to be developed through training, the sharing of positive examples, and highlighting staff achievements. All the staff we spoke with praised the leadership and values of the service and said that they felt proud of the work they did.

We saw that the service had a staff structure that included the provider, registered manager, senior carers and coordinators, and care staff who were all well aware of their responsibilities and importance within the service. The staff we spoke with were aware of the visions and values of the service and felt positive about working there.

Incidents and accidents were reported accurately by staff. We saw forms that showed detailed recording and a managers response and actions to each incident. 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 service promoted a 'caregiver of the month' award which documented and recognised a specific staff member's hard work. We saw many examples of good work and positive feedback that had led to people winning the award, which was then promoted within the staff team to share positive stories and examples of hard work achieved .

The service was able to build links with the local community. The staff regularly worked with the same people who were often geographically close to one another. This meant that staff had good knowledge of the local area and were encouraged to access the community. We saw evidence that local events and agencies were promoted to the staff team so that they could utilise as appropriate.

We saw that staff were encouraged by the management team to regularly access training to continually improve and build upon their level of knowledge and skills. The service had a member of staff who was in charge of training and development who told us, "If I look after the staff, then I know that they will look after the people that use the service." One staff member told us, "Any requests we make are listened to. If I have an interest in a particular area, I know that I will be supported to access any training that might be available."

Staff attended various meetings relevant to their role. The registered manger told us, "We have Management meeting, operational meetings, and general staff meetings." We saw minutes for these meetings which showed that a variety of topics were discussed. We saw that staff were able to discuss any issues and

contribute to the development of the service. Points that staff raised were recorded within the minutes of meetings and actions created as necessary. All the staff we spoke with felt that they were able to raise points which were taken on board by management.

There were systems in place to monitor the quality of the care provided. Quality audits were undertaken within various areas to check on quality, look for any errors and create actions as required. We saw that people and their relatives had been asked to complete questionnaires to give feedback on the service. This allowed for actions to be created and dealt with by the registered manager by a set date. We saw other audits that were regularly taking place within the service. The registered manager also 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.