

Age UK Northamptonshire

# Age UK Northamptonshire

## Inspection report

William & Patricia Venton Centre  
York Road  
Northampton  
NN1 5QJ

Tel: 01604611200

Website: [www.ageuknorthants.org.uk](http://www.ageuknorthants.org.uk)

Date of inspection visit:  
26 August 2021

Date of publication:  
06 October 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Age UK Northamptonshire provides day and night support to people who are deemed to be in the last eight weeks of life and have chosen to be cared for at home. The service has the capacity to care for around 12 people at a time, equating to over 300 people in a year. At the time of our inspection 11 people were receiving care.

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

People received their planned end of life care in line with their wishes and preferences from staff that were compassionate, kind and caring. Staff treated people with respect and dignity.

The service worked closely with the community end of life care team to ensure people received integrated care from all agencies. Staff referred to and followed health professionals' advice for changes in people's care.

People's risks were assessed and mitigated at each care visit to accommodate changes in people's needs. People and their families were involved in planning their care.

Staff were safely recruited and had received the training, supervision and support they needed to carry out their roles safely. There were enough staff employed to meet people's needs.

Staff knew how to identify and report concerns to ensure people remained safe. People were provided with information on how to make a complaint. The registered manager shared the information from complaints with staff to improve the service. Incidents were recorded and analysed to identify where lessons could be learnt when things had gone wrong.

People were protected from infection through infection control procedures. Staff had adequate supplies of personal protective equipment (PPE) and knew what PPE to use in specific circumstances.

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

### Rating at last inspection

The last rating for this service was Good (published 18 June 2018).

### Why we inspected

The inspection was part of our routine inspection programme.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

# Age UK Northamptonshire

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

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

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be the registered manager and care staff to speak with us.

#### 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 and professionals who work with the service. 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 the Registered Manager, the team manager and three care staff. We were unable to speak

with people who used the service due to their current health conditions. We reviewed the feedback provided by 56 families from phone calls, surveys and letters to the provider for the period 1 January to 26 August 2021.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- Risk assessments were person centred, detailed and easily accessible to staff.
- Staff continually assessed people's risks at each visit. Staff mitigated risks by updating information about changes in people's conditions such as their mobility, skin integrity and their ability to swallow.
- People were assessed for their ability to manage their own medicines. Where people required support from staff, they had received their oral and topical medicines as prescribed.
- Staff received training in the safe management of medicines and their competencies had been checked. Staff followed the provider's medicines policies.
- Staff had received training and followed the provider's infection prevention and control policies and procedures. Staff practice was checked by each other and recorded in an audit. The registered manager told us, "Staff are confident enough to challenge their colleagues should they feel it necessary."
- Staff had access to personal protective equipment and wore these in people's homes to protect themselves, people using the service and their families, in line with government guidelines.

Staffing and recruitment

- There were enough staff with the right skills and experience to provide the care for up to 12 people at a time. Staff were allocated to provide care during the day and night.
- The registered manager took care to employ staff who were suitable to the role. They told us, "We use values-based adverts, we ask staff to ring us to chat about role."
- Staff were recruited safely. The provider had processes in place to ensure only suitable people were employed. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from harm by the policies and procedures embedded in the service to identify, report and prevent abuse.
- Staff had received training and demonstrated a good understanding of safeguarding procedures and how to report any concerns. One member of staff told us when they had identified a concern, "I rang the office, they sorted the safeguarding alert."
- The registered manager had raised safeguarding concerns appropriately.

Learning lessons when things go wrong

- There was opportunity to learn lessons when things go wrong. The service regularly held team meetings and individual supervision for reflective practice.
- The registered manager analysed incidents and shared any learning with staff to prevent any reoccurrence.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives were involved in identifying people's care needs and choices. Staff described how during their first visit staff took time to explain the service and how they could meet people's changing needs.
- Assessments were comprehensive and reflective of the Equality Act, considering people's individual needs, which included their age and disability. Information about people's wishes were clearly documented and included information as to how this impacted on a person's day to day life and the support required.

Staff support: induction, training, skills and experience

- Staff completed induction and training for their role and worked alongside experienced care staff to gain practical experience.
- Training information showed staff had completed training in subjects related to people's health and safety and promoting person-centred care. Specialist end of life care training was provided by the local hospice. One member of staff told us, "We are on top of all of our training, which was on-line during the pandemic."
- Staff competencies were regularly assessed to ensure they supported people in line with training supplied, such as safe moving and handling.
- Staff told us they were well supported as they received regular supervision. Staff had recently had a face to face well-being meeting with their line manager to help identify areas for further support. Staff had access to external professional counselling if they needed it, or to health professionals in the end of life care team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's ability to swallow was continually assessed. Staff ensured people received food and drink appropriate to their needs. Staff followed healthcare professional's instructions, for example, in providing drinks that had been thickened to prevent choking where necessary.
- Staff worked closely with the local end of life care team that consisted of health professionals. Staff sought advice from the team and shared information about people's changing needs to ensure all agencies involved in people's care could receive care that met their current needs.
- Although people had chosen to receive their end of life care at home, at times people's health recovered enough for them to be referred to other agencies for on-going care. One family wrote, "[Relatives] are very grateful for all the care provided it has helped [Name] to accept that they need care and made their decision to go into a nursing home much easier."

## Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- The service worked within the principles of the MCA.
- Staff encouraged people to be fully involved in the decisions about all aspects of their care. Where people were unable to direct their own care, staff provided care that was in people's best interest.
- People's ability to make informed decisions had been assessed. Where possible, people were asked for their consent for staff to discuss their care with chosen family members, for such time when they were no longer able to communicate.
- Staff recorded people's lasting power of attorney in health and welfare and took this into consideration when discussing people's care needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's families had told the provider how well people had been treated. Families had sent in numerous cards and letters explaining how the care staff had given people and their families comfort. The correspondence showed families found the staff to be kind, compassionate and respectful of each families' unique situation. One family wrote, "Each member of staff is exemplary, compassionate and dignified." Another family wrote, "Your team have given us a real boost and our spirits are high. Every single person from the opening of the front door to leaving again, brings smiles, the right kind of conversation, and humour. [Name] is heaps better in themselves."
- Staff told us they provided care and support for each person and their families. One staff told us, "Every day is different, for every person every day is different. We don't rush people. Sometimes the person is resting and does not need any physical care, we have time to stay with them and their family, talking about what is important to them."
- People were empowered in the planning of their care. People were supported to make decisions about their care and their individual preferences were recorded and reviewed regularly. Staff supported families to carry out people's wishes. People chose their level of care, for example, one person wanted to maintain their independence by doing their own teeth and hair care.
- People were supported by a small team of staff who they could become familiar and comfortable with. Staff told us they have a short period of time to get to know people and their families. One family member had written to thank the staff, they wrote, "From the first day of meeting, when you visited us, our minds were put at rest. [Name] responded so well to you all." Another family wrote, "[Staff] are all wonderful and do so much, nothing is too much trouble. They are always smiling which is just what [Name] needs. They are just amazing."
- Staff understood their role in protecting people's privacy and dignity. People's care notes showed how staff referred to people and their families in a respectful way and described how they ensured people's dignity had been maintained. One relative wrote to the prover, they said, "Without the support and help offered by the Age UK care team I would have struggled to give my [relative] the care and dignity they deserved in the last couple of weeks of their life." Another relative wrote, "You always treated [Name] with the utmost dignity and respect."
- People's personal information was kept secure. Staff understood the importance of maintaining electronic and paper records securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their families were included in planning their personalised care and support plans. This enabled people to have their care provided in line with their wishes.
- Staff telephoned people's homes before they visited to ensure the planned visit was appropriate. People were given the option of additional visits to help support them and their families. One relative stated the staff were, "Absolutely brilliant. They have put an extra call in place, gone the extra mile and are so careful with [Name]."
- Staff had a good understanding of people's care, social and cultural needs. Care plans were reviewed and updated at each visit.
- People's choice to receive their end of life care at home was facilitated by staff who support families and other health care agencies. Staff took the time to explain what was happening and provided a listening ear to families. Staff shared important information about people's symptoms and changes in needs with the end of life care team. One family wrote to the provider to explain how important the staff had been to them, they wrote, "You really made a massive difference to [relative's] last few weeks and allowed them to fulfil their wish to stay at home."
- People and their families were provided with information about how to make a complaint. The registered manager had responded to people's feedback in a timely way. They had made changes to improve the service and shared these experiences with staff to help continually learn and improve the service.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers'.

- People's communication needs were considered as part of the assessments carried out at each visit. Staff assessed people for signs of confusion, deafness, dementia and speech problems. People's care plans described the level of support required.
- People's care records showed how staff liaised with families when people could not direct their own care as they were sometimes unresponsive.

### End of life care and support

- The service was an integral part of the end of life care team who provided holistic care for people receiving

end of life care in their own homes.

- People's preferences for end of life care were prioritised; staff supported families to create an environment where people could be cared for physically, emotionally and safely at home. One family wrote to say, "Staff made it so much easier for me and the family to cope." Another family wrote, "[Name] got home where they wanted to be. I will be forever grateful."
- People's decision not to receive cardio-pulmonary resuscitation was recorded. This ensured people did not receive unwanted invasive treatment at the end of life.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had built a team of staff who all had the same goal of providing compassionate person-centred care. Each person and their families were treated as individuals, each with unique needs.
- Staff thrived in a positive and caring culture. Two members of staff told us they "Absolutely love working for Age UK." Staff gave many examples of the support and respect they had for each other especially with the difficulties they experienced during the pandemic. The registered manager expressed their gratitude for the staff's dedication, compassion and kindness and had put in place systems to support them emotionally.
- The registered manager continually looked to improve the service by checking that all the systems and processes were effective. Their regular audits demonstrated people were receiving care in line with policies and procedures and receiving care in a safe way.
- The registered manager and staff understood their duty of candour responsibilities when things went wrong. All accidents and incidents were logged and reviewed, and any information from lessons learned shared with staff to reduce further risk.

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

- Staff meetings were held regularly and provided an opportunity for staff to share their experiences, update training and discuss any changes or improvement to the service. Staff told us they felt listened to and they contributed to the running of the service.
- People's families were asked for feedback about the service. Any feedback or comments were considered and built into any planned changes and development of the service. All the surveys and letters we reviewed provided positive feedback about the service. For example, people had written, "Your girls are an absolute god send, I cannot thank them enough, allowing me to spend time with my [relative] whilst they did the caring" and "The work you do makes such a huge difference to the families like mine who are facing such difficult times."

Working in partnership with others

- The registered manager worked closely with the local hospitals and the community end of life care team to help facilitate the provision of care to people who have chosen to receive their end of life care at home. They worked well together via a central coordination centre to plan and deliver care that met people's needs.
- There were close links with the Hospice at Home team and Marie Curie Nurses; staff could access their expertise to share information and get updates on people's needs, as they all provided care for the same people.
- The registered manager continually kept up to date with current practice by being actively involved in the local end of life groups and forums. They also received and provided support from other registered managers by being involved with the registered managers networks at Skills for Care and Age UK.