Nottz Care Limited

Nottinghamshire

Inspection report

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Date of inspection visit:
15 October 2018

Date of publication:
08 November 2018

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

We inspected the service on 15 October 2018. The inspection was announced and was the provider's first inspection since it was registered.

Nottinghamshire is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Nottinghamshire 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. Nottinghamshire provides a service to older adults and younger adults with a disability. At the time of our inspection, 15 people were receiving personal care as part of their care package.

A registered manager was in place and available on the day of our inspection. 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.

People were protected as far as possible from abuse and avoidable harm. Staff had received safeguarding training, the provider had a policies and procedures and staff were clear about their role and responsibilities. Risks associated with people's needs including the environment had been assessed and planned for. Staff had guidance that was up to date in how to provide safe care. The provider had a system to record and analyse accidents and incidents to reduce further reoccurrence.

People were cared for by sufficient numbers of staff that had the required skills and competency to meet their needs. People received care from regular staff that knew them well. No person had experienced missed calls and late calls were infrequent, people were informed if staff were delayed. Safe staff recruitment checks were completed before staff commenced their employment.

Where required, people received safe support with their prescribed medicines. Staff had received training and had a medicines policy and procedure to support them. Staff had information about how to administer people's medicines.

People were protected from the risk of cross contamination. Staff wore personal protective equipment, had received training in infection control and were knowledgeable about how to reduce risks to people.

People had their individual needs assessed, including their protected characteristics under the Equality Act to ensure staff understood what care was required. People were supported by staff who had received an induction and ongoing training. The management team assessed staff's competency to provide effective care and support. Staff were knowledgeable about people's care needs that showed they had developed positive relationships with people.

Where people required assistance with dietary and nutritional needs, staff had guidance of what was required of them. People's healthcare needs had been assessed and staff monitored their health and acted if a person was unwell. Staff had been provided with health information factsheets to support their awareness and understanding of people's health conditions.

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

People were supported by staff that were kind, caring and compassionate and who knew them well. People received a staff rota informing them what staff to expect. Consideration of people's language, sensory and communication needs were assessed and planned for. People were involved in their care and support.

Staff were confident they had sufficient information to provide a personalised service, important information about people's preferences were known and understood, and care was delivered in line with this. The complaints procedure had been made available to people.

The provider had systems and processes in place to monitor quality and safety and people received opportunities to feedback about their experience if the service they received.

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 aware of how to protect people from abuse and avoidable harm.

Risks associated with people's needs were assessed, monitored and reviewed.

Safe staff recruitment processes were used and there were sufficient staff who were deployed appropriately to meet people's needs.

National best practice guidance was used in the management of medicines.

Infection control measures were used to protect people from the risk of cross contamination.

Accidents and incidents were acted upon and monitored.

Is the service effective?

Good

The service was effective.

People's diverse needs had been assessed to ensure people did not experience any form of discrimination.

Staff received an induction, ongoing training and support.

The principles of the Mental Capacity Act 2005 were understood.

Where required, people received support with their nutritional and hydration needs.

Staff took effective action when changes to people's health conditions were identified.

Is the service caring?

Good

The service was caring.

People received care from regular care staff who they had developed positive relationships with, and who had sufficient time to provide care.

People's independence was encouraged, advocacy information was not available, but the provider agreed to source this information.

People were involved in how they received their care and support.

Is the service responsive?

Good

The service was responsive.

People received care and support that was specific to their individual needs and preferences. Staff had up dated guidance that reflected people's needs and routines.

People had access to the provider's complaints procedure.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the leadership and people received opportunities to share their views about the service they received.

The provider had systems and processes in place that monitored quality and safety.

There was partnership working to ensure people received consistent care.

Nottinghamshire

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.

The comprehensive inspection site visit activity was completed on 15 October 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered provider and their staff would be available.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To assist us in the planning of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We sought the views of the local authority care commissioners who support people to find appropriate care services, which are paid for by the local authority or by a health authority clinical commissioning group. We also contacted Healthwatch Nottingham, who are an independent organisation that represent people using health and social care services.

Before the inspection site visit, we spoke with two people who used the service and seven relatives via telephone, to gain their views about their experience of the care and support they received or their family member.

During the inspection we spoke with the registered manager, operations manager, care coordinator, a senior care worker and four care staff. We looked at all or parts of the care records of three people and checked that the care they received, matched the information in their records. We also reviewed other records relevant to people's care and the management of the service. This included medicines

management, four staff recruitment files, staff training and support, and complaint records, management audits and policies.

Good

Is the service safe?

Our findings

People were protected as far as possible from abuse and avoidable harm. People told us they felt safe with the staff that supported them. A person said, "I am a shy person and they (staff) respect that. I go to the bathroom myself and they wait on the stairs. I will call them if I need help, it is good to know they are there if I need them it makes me feel safe." People told us staff wore an identification badge and uniform to confirm who they were. This is important to ensure people's safety.

The provider had safeguarding systems and processes in place to support and instruct staff of their responsibilities to protect people from abuse, avoidable harm and discrimination. Staff were aware of these procedures. A staff member said, "We make sure people are safe and any concerns, or if something doesn't seem right, we report it to the manager and they take action." Records showed that when a safeguarding concern had been identified, this had been acted upon and in line with the local multi-agency safeguarding procedures.

Risks associated with people's individual needs, health conditions and the environment had been assessed and planned for. These were reviewed to ensure staff had up to date information. For example, staff had guidance about the equipment used to support people with any mobility needs and instructions to check equipment was in safe working order before using. Staff confirmed they had sufficient information about any known risks. A staff member said, "We follow guidance provided, two staff are needed to safely support people with their mobility and this is provided. We also look for hazards around the home and remove this to prevent any accidents." Another staff member told us how any changes in relation to risks were effectively communicated by the management team to ensure staff provided safe care.

Staff recorded any accidents and incidents and this information was reviewed by the management team, to consider if lessons could be learnt and action required to reduce further reoccurrence. This included reviewing risk assessments and contacting external professionals for assessment, support or guidance.

People were supported by sufficient numbers of staff to provide safe care and support. People told us they had not experienced any missed calls. Late calls were infrequent and if staff were delayed they were notified. A person said, "They (staff) are usually on time, in fact sometimes they may be ten minutes early, it is not a problem."

Staff told us they had sufficient travel time, but if they had concerns they were able to discuss this with the management team who listened and adjusted the travel time if required. Staff also told us they had regular people they supported and picked up any shortfalls in staffing to cover leave or sickness. The management team all provided care if required. The operations manager told us how they supported new staff to complete shadow shifts to enable them to assess staff's competency. This showed the provider was flexible and committed in providing safe and effective care.
People were supported by staff who had been through the required recruitment checks as to their suitability to provide safe care and support. These included references, criminal record checks and employment history. Staff also confirmed they commenced employment after checks had been completed.

Where people required support with their medicines, staff followed best practice guidance to ensure medicines were managed safely. A person said, "I have my medication ready on the table and they (staff) will remind me to take it if I haven't already done so."

Staff told us they had received training in the administration of medicines, including observation and competency check by the management team and records confirmed this. The provider had a medicines policy to inform and support staff practice. Where people managed their own medicines, a risk assessment had been completed to ensure the person was safe to do this. Staff had information about people's prescribed medicines, this included the administration details and the person's preference as to how they took their medicines. For any hand written entries on medicine administration records, there were two staff signatures as required for safe transcribing. In addition to written documentation staff completed when administering medicines, an electronic app was also used to record care provided. The app alerted staff and the management team if any care task, including support with medicines had not been completed. The management team told us this provided an additional safety check that all care had been delivered, as such there had been no errors in the administration of medicines.

People were protected from the risk of cross contamination and infections because staff took protective measures. People told us staff wore gloves and aprons when appropriate, such as when providing personal care. Staff told us they had a supply of personal protective equipment, they had completed training in infection control practice and food hygiene and records confirmed this.

Good

Is the service effective?

Our findings

The provider used best practice guidance and care was delivered in line with current legislation. Policies were in date and supported staff practice. Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to any disability, age, religion and language were identified. This helped to ensure people did not experience any discrimination.

People were supported by staff who had an induction, ongoing training and opportunities to discuss and review their work and development needs. People told us they thought staff had the skills to look after them or their relative.

Staff were positive about the induction, training and support they received. A staff member said, "The training is good, I've had extra training due to having more responsibility in the role I have. We have spot checks to check our competency and meetings to talk about our work." Another staff member said, "Training is both face to face and electronic. We also have one to one and staff meetings that are really helpful and supportive."

The staff training and supervision plan confirmed staff had received an induction and refresher training in a variety of subjects relevant to the needs of people using the service. This included, first aid, dementia, mental health and learning disability awareness, and manual handling. Staff were also encouraged to complete the national diploma in health and social care and they were required to complete the care certificate. The care certificate is a set of standards that sets out the knowledge, skills and behaviours expected from staff within a care environment. This meant people could be assured staff received training and support to effectively meet their care and support needs.

Where people required support with their nutritional and hydration needs, staff provided effective care. Staff had guidance about any needs associated with nutrition and diet. For example, a speech and language therapist had assessed a person required support to eat safely due to swallowing difficulties. Staff had guidance of the support required. Staff told us how they ensured people were left with drinks and snacks before they left people and ensured they checked food eat by dates to maintain good health. Some people had specific dietary requirements associated with their religious faith and cultural needs and this was known and understood by staff.

People's healthcare needs were assessed and monitored. Staff were provided with health information fact sheets, to support their understanding and knowledge about different health conditions. Staff were knowledgeable about the signs and symptoms of an infection and gave examples of the action they had taken in response to a person being unwell. This included contacting healthcare professionals and relatives and remaining with the person until assistance arrived.

The 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. Staff were aware of the principles of MCA and in what circumstances another person can give consent on behalf of another. For example, if a person had lasting power of attorney for care and welfare decisions. At the time of our inspection, the management team had identified two people's needs had changed, and they were in the process completing a mental capacity assessment. This showed the management team were aware of their responsibilities to protect people's rights, in relation to decisions when a person lacked mental capacity to do this independently.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion from staff that knew and understood what was important to them. People were positive about the care and support provided. A person said, "They (staff) are nice ladies, they treat me well. They brush my hair and help me to look smart and feel good about myself." A relative said, "The staff are lovely with relation, they wash and help dress them and they have a giggle sometimes. We all get on very well and work together as a team."

Staff were positive about their work and showed great care, compassion and interest in the people they supported. Staff clearly indicated they had developed positive relationships with people and knew them well. A staff member said, "It can be the little things that mean the most. A person told staff how they enjoyed donuts from the visiting fair, so staff went out their way to get them for the person." Another staff member said, "The staff truly, genuinely care about people, for some people we are their only contact. Its important people feel like they matter and we have time for them."

Staff gave examples of how they promoted independence by encouraging people to do as much as possible for themselves. A staff member said, "Our support is really important and helps people to remain living at home, so encouraging people to do as much as they can is important." Some people's first language was not English and the management team told us how they made every effort to match a staff member with a person who had the same language. Several people confirmed this and said it was important to them. A person said, "(Name of staff member) can speak my language. They are polite and caring and easy to get on with."

People were encouraged to be fully involved in their care. They received opportunities to provide feedback about the service they received. The management team told us up to five weeks after using the service, they contacted the person for feedback and a face to face meeting was arranged at three and six months. People confirmed they had been involved in discussions and decisions about their care package. People told us care staff had sufficient time to provide care and they did not feel rushed, this was confirmed by staff.

At the time of our inspection information about independent advocacy information had not been made available for people. However, the management team assured us they would source this information and make it available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection people had relatives or friends that acted as their advocate when required.

People received care that respected their privacy and dignity. People were positive in how staff provided their care and support and felt staff were polite and sensitive. Staff had received training in privacy and dignity and gave examples of how they provided care in a dignified and respectful manner. A staff member said, "It's important to always ask what support a person wants and not just assume, provide explanation before providing care and be sensitive to people's privacy and maintain their dignity when providing personal care."

Good

Is the service responsive?

Our findings

People's care records contained an initial assessment of their care needs and a range of risk assessments and care plans, providing information about the person's ongoing care and support needs. This is important information for staff to support them to provide an indivisionalised service based on people's needs, routines and preferences.

People were positive about the pre-assessment meeting and information they received about the service and were confident care and support met their individual needs and preferences. A person said, "A member of staff came to see me and went through everything. I had never needed carers before and didn't really want them, I told them I was struggling on, but they said I shouldn't struggle and to give it a try. They explained everything, and I said I would try. I am happy I did it has made such a difference." People had a preference to male or female care staff and the times they received care. The management team told us they did not accept new care packages without reviewing if the service had capacity to meet people's needs at the times requested. This meant the provider had a commitment in providing a responsive and individualised service.

Staff were confident they had the required information to provide care that was individualised. A staff member said, "I feel I have all the information I need, and as you develop relationships with people and get to know them well, you find out a little bit more."

People were involved in review meetings and when changes were required to their care package, this was completed in a timely and easy manner. This included alterations to calls times or an increase in their care package. People received a staff rota in advance that informed them of the staff providing care. All people told us they had regular care staff and this was important to them in them receiving consistent care and support. This meant people received opportunities to direct the care they received.

People's communication and sensory needs had been assessed and care plans provided staff with guidance of people's needs. At the time of our inspection people's care records were not provided in alternative languages or formats, but the management team told us how they were able to verbally interpret information. They also told us they would provide alterative formats where required, but this had not been required due to the management team and some staff's bilingual skills. The meant the provider had considered the requirements of the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

People's diverse needs including their preferences in relation to religious, spiritual and cultural needs were known and understood by staff. Some people received support from staff to visit their preferred place of worship. A person said, "They (provider) send staff who understand my culture and background and sometimes one of them will ask if I would like a curry making, we do it together, well I direct operations at least. They are nice ladies and I look forward to them coming." This shows how people's preferences and what was important to them was understood and met by staff.

People told us they felt confident to raise any concerns with the staff and could easily contact the office and speak with the management team. People told me they knew how to contact the office and who to speak to if they wished to bring up any issues about the service. A person said, "The office lady lets me know if there are any changes and are very good at listening to me if I need them." People had access to the provider's complaint policy and at the time of our inspection, the management team were aware of concern a person had. Whilst immediate action had been taken in response, the management team were waiting for the person to make a formal complaint to enable them to take further action. This meant the provider listened and acted upon concerns raised.

At the time of our inspection no person using the service was receiving end of life care, we therefore have not reported on this. However, the management team were aware of the need to complete end of life care plans with the person and their relative or other important person, to ensure their views and wishes were fully understood and planned for. The management team also told us they were aware they needed to provide staff training in end of life care, to support them in clearly understanding what they needed to consider when providing care at this time.

Good

Is the service well-led?

Our findings

People were satisfied with the service they received and said they would recommend it to others. One person said, "I would definitely recommend them and have done so to a friend of mine from Bengal. I have been very happy." A relative said, "I would recommend them, they have been such an improvement on the last company we had." People also told us they thought the registered manager was, "Approachable and was easy to get hold of." Comments about the operations manager included, "They are very nice and has sometimes been to see that I am alright and happy."

Staff were positive about the leadership of the service, they felt well supported, there were good communication systems in place and they felt valued. A staff member said, "The management team are really good, supportive and approachable, if there are any concerns action is taken straight the way. Communication is good, including out of office support, the managers will also provide care when it's needed."

Staff were clear about the provider's values and aims, and about their individual roles and responsibilities. A staff member said, "We assist people to live independently in their own homes and support people on returning home from hospital until they regain their independence."

People received opportunities to share their experience about the service they received. This was by means of verbal feedback, face to face meetings and an annual quality assurance survey. We viewed the latest survey results that showed only positive comments were received.

The provider had systems and processes that checked quality and safety and communication procedures to share information with staff. This included monthly staff meetings and individual face to face meetings. People's care records were both written and an electronic, we found example where electronic records were not as detailed as hand written documentation. We discussed this with the management team of the importance of all records to be sufficiently and consistently detailed and they assured us they would ensure this. An electronic app used by staff as an additional method to record when care had been provided, was an effective and safe measure that ensured people received the support they required. Staff could not complete a visit without completing the task on the app and at the same time, it alerted the management team if care had not been provided.

Spot checks on staff were completed to check staff provided care as required
This included checks that staff wore their uniform and identification badge, treated people with dignity and respect and completed care competently. People's daily logs were returned to the office monthly for the management team to review and people's care was reviewed with them and care plans and risk assessments updated when changes occurred.

The management team ensured they kept up to date of changes within best practice guidance and legislation by reviewing alerts from CQC, the local authority and researching information. Staff worked with external professionals when required. The management team gave examples of both reactive and proactive

action they had taken in response to people's needs such as making referrals to health and social care professionals when concerns were identified or for assistance and support.

The provider had met their registration regulatory requirements of notifying CQC of certain information.