

Nottingham Assured Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected the service on 29 and 30 December 2014. Nottingham Assured Home Care Limited provides care and support to people living in their own homes. This is a small service and at the time of our inspection 14 people were receiving care and support.

The service had a registered manager in place at the time 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.

When we last inspected the service on 14 January 2014 we found there were improvements needed in relation to the safe recruitment of staff and the training staff were

Summary of findings

provided with. The provider sent us an action plan telling us they would make these improvements by February 2014. We found at this inspection that improvements had been made but there were further improvements needed.

We found there were further improvements needed in relation to how staff were recruited in that the manager was not ensuring suitable references were in place.

People felt safe in the service and the manager knew to share information with the local authority when needed. Staff knew how to respond to incidents and what incidents needed to be reported. This meant there were systems in place to protect people from the risk of abuse.

Medicines were managed safely and people were supported to take their medicines safely. Staffing levels were matched to the needs of people who used the service to ensure they received care and support when they needed it. However people could not always be assured staff had been recruited safely.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005

(MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. The manager told us that all of the people using the service had the capacity to make their own decisions but there were systems in place to ensure the appropriate assessments would take place if the need arose.

People were supported to maintain their nutrition. Referrals were made to health care professionals for additional support or guidance if people's health changed. They were treated with dignity and respect and had their choices acted on. People also knew who to speak with if they had any concerns they wished to raise and they felt these would be taken seriously.

People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. The manager assessed how well the service was running to identify if any improvements were needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People could not be assured that staff were always recruited safely.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and these were managed safely.

Requires Improvement



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutrition. Their health was monitored and staff responded when health needs changed.

People made decisions in relation to their care and support.

Good



Is the service caring?

The service was caring.

People were treated with kindness, compassion and respect by staff who knew their needs and preferences.

People were encouraged to make choices and decisions about the way they lived and they were supported to be independent.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to access the community.

People felt comfortable to approach the manager with any issues and felt their complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well led.

The manager was approachable and worked with the staff to ensure people were supported appropriately.

People's views of the service were sought and the manager assessed the quality of the service.

Good



Nottingham Assured Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 29 and 30 December 2014. This was an announced inspection. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with three people who used the service, one relative, two members of care staff, two external health professionals and the registered manager. We looked at the care records of five people who used the service, staff training records, as well as a range of records relating to the running of the service including surveys sent to people to gain their views of the service.

Is the service safe?

Our findings

The last time we inspected the service, on 14 January 2014, we found there had been a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found improvements had been made and the manager had introduced staff application forms. All staff had undergone checks from the disclosure and barring service (DBS) to ensure they were fit to work with vulnerable adults. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. However we found further improvements were needed in relation to getting references for staff prior to them commencing work for the service.

We saw three staff files and two of these contained the required documentation and evidence that staff were being recruited safely. However we found that one member of staff had been employed without the manager getting assurances that the person was of good character. This was because references from their last place of employment had not been received prior to them commencing employment. There was a reference in place but this was not from their previous employer. This meant the manager did not have sufficient information to assess whether this person was of good character and safe to work with vulnerable adults.

The people who used the service told us they felt safe with the care staff. They said they knew the staff well and got on well with them. They told us that if they were concerned about anything they would talk to a member of staff, or the manager. One person said, "I feel I am very safe with the girls." Another person said, "They (staff) are 100 percent honest." A third person said, "Oh yes, I feel okay, I feel safe." The relative we spoke with told us they felt their relation was safe. They said, "They (staff) have been a godsend, they are like family. We feel very comfortable with them."

People could be assured that incidents would be responded to appropriately. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the processes for reporting concerns and escalating them to external agencies if needed. The

manager was aware of what incidents would need to be shared with the local authority safeguarding adult's team, although she had not had to share any information since our last inspection.

People felt staff protected them from risks. One person told us, "They wash me and shower me. I have problems with my balance and I feel safe with the way they (staff) support me." Another person told us they had not felt safe before they had started using the service as they had not been able to get out of the bath. They said, "I feel much safer with the girls as they help me get in and out." People who had been assessed as being at risk of falling had plans in place to inform staff how to minimise the risk of falls and injury. Staff we spoke with were aware of these risks and knew what action to take to minimise the risk.

People told us staff knew about their health needs. Staff were informed by the manager verbally of any health risks to people, such as diabetes mellitus. Staff we spoke with knew about these and how to recognise how these risks to people's health affected their needs. These risks were not always recorded in assessments and the manager agreed to record these. The two external professionals we spoke with told us they felt that risks to people were reduced because care packages were closely monitored by the manager and changes made accordingly where a health or environmental risk was identified.

Some people required staff to use equipment to support them, and we found this was done safely because the manager had explained to staff how to use this. For example one person needed a piece of equipment to help them be transferred from their bed to a chair. Staff told us the manager had shown them how to use this safely and had observed them doing so. Plans were in place which detailed risks involved when visiting a person's home and staff were aware of these risks prior to delivering care and support. Staff were clear about equipment which was used for the people they were looking after.

People felt there were enough staff working in the service to meet their needs. They told us that staff were usually on time for their visits and if they were going to be late then they received a call to let them know. One relative told us, "If I call the manager and say I need extra help they either come round or send another member of staff very quickly." People told us that if they asked for anything when the staff visited they had the time to fit this in, for example doing

Is the service safe?

some extra cleaning. Staff told us they had enough time to complete the tasks they needed to when they visited people and that they had enough time between visits to ensure they arrived on time at the next call.

People felt they were supported with their medicines appropriately. One person said, “I take my own medication but the girls always check to make sure I have taken it.” We saw there were records in people’s care plans informing staff how much support people needed with their medicines and the staff we spoke with were aware of safe

practice in relation to medicines prompting. Records showed staff were being given training in safe medicines management. The manager observed staff delivering care in people’s homes, which included observations of the prompting of medicines. Although records were not kept of these assessments, the manager told us they took place regularly and staff confirmed this. The manager agreed to record these assessments in the future and had already devised the forms before we left her office.

Is the service effective?

Our findings

The last time we inspected the service, on 14 January 2014, we found there had been a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found improvements had been made and staff had been provided with the training needed to enable to them to know how to do their job safely.

People were happy with the care they received from the staff and the relative we spoke with also spoke positively about the care provided. People felt the staff knew what they were doing and they told us the manager checked on how well they were working. One person said, "I'm very happy with the carers. They are very helpful." The relative we spoke with said, "The staff are knowledgeable and the manager checks on how they are working."

Staff told us they received training which helped them to do their job and records we saw confirmed this training had taken place and further training was planned. Staff told us that they were trained and also watched other staff until they felt confident to use equipment. They told us that the manager checked on what they were doing and also regularly called to check they were, "Okay."

Staff told us they had regular meetings with the manager to appraise how they were working and discuss their training needs. Records we saw confirmed these appraisals took place. The manager told us that new staff would complete an induction and be shadowed by other staff until they felt confident to work alone. She told us that the duration of the shadowing would depend on how confident the member of staff was. We spoke with one of the newest members of staff who confirmed this was the case. They also told us they had training sessions with the manager throughout this induction.

People told us they were supported to make decisions and felt they were in control of their care and support. One person who received support from staff had early onset dementia and the staff member supporting them understood the importance of supporting the person to make their own decisions and choices. The staff member told us, "I help them in a way so [person] doesn't feel that you are taking over." Staff understood the difference of locking people's entrance doors to prevent unwelcome visitors rather than to prevent people leaving their home.

The manager displayed an understanding of the MCA and DoLS and told us there was no one who currently used the service who needed support to make decisions or who needed an application to the court of protection for a DoLS. She told us that if staff raised concerns about a person's capacity deteriorating then she would discuss this with the person's doctor and family. Although the staff we spoke with had not received training on the MCA and DoLS they understood the importance of supporting people to make decisions and balancing this against risk.

People were supported by the same members of staff and where the match was not felt to be compatible this was changed to suit the person. The manager told us that one person had requested a different member of staff support them in the mornings and this had been arranged.

People were supported to eat and drink enough to help keep them healthy. The people we spoke to told us that the care workers prepared meals for them. One person told us that the staff made breakfast and that they particularly liked their scrambled eggs. The same person said that staff would heat up ready meals that the person has chosen. One person told us they liked a particular type of food and staff went to the 'takeaway' and fetched this for them. The relative we spoke with told us, "They (the staff) really came into their own when I was poorly. They supported me as well as my relation, fetching shopping for us and making us both meals. We saw staff recorded what food and drink they had prepared for people and it was clear people's choice of food was supported. One person needed support to drink more and we saw their care plan reflected this need and staff were recording they had left drinks within the person's reach before leaving at each visit.

One person had been assessed as being at risk of weight loss due to their small appetite. The manager told us an external health professional was involved in the person's care and that staff recorded what food the person was given. She said that if the person chose to eat their meal after the staff had left then staff calling for the next visit would check the person's bin to see if they had thrown the food away. We discussed with the manager the benefits of staff recording what food had been eaten and what had been discarded as this would make it easier to monitor the person's intake and inform their doctor if there were concerns. The manager agreed to put this in place.

People told us that if they had any health issues then they would call the doctor themselves. However they said that

Is the service effective?

staff checked with them if they were poorly to make sure they had spoken with their doctor. The relative we spoke with told us, "I will call out the doctor if [relation] is unwell but staff notice if they are unwell and ask if I have called the doctor. They (staff) recognise when their [condition] is worsening."

We saw the care records for five people and found in four of the records people's support needs were up to date and current. We saw one person's records were not up to date with how many visits they required as these had been increased due to changing need. However we spoke with the two staff supporting this person and they knew how many visits were needed and what support was needed during each one. We discussed with the manager the importance of having records which were up to date with people's current needs.

Staff we spoke to told us that they found out about people's health needs by reading the care plan first and that the manager explained what support the person needed and also made sure they understood any relevant symptoms such as for a person who had diabetes mellitus. Initial visits were made with the manager so that the staff could be shown how to support the person. The staff were able to explain the type of diabetes that the person had and what signs to look for if they were poorly.

Staff told us they knew how to contact external health professionals if people's needs changed or they were unwell. We saw the contact details were recorded in people's care plans, which were kept in their homes.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "They (staff) are wonderfully kind." The relative we spoke with told us, "They go the extra mile. They look after [relation] very well and [relation] is always pleased to see them. They are very flexible and will do anything you ask them to. They always ask if there is anything else we want them to do before they leave each time. One member of staff even took me to a hospital appointment in their own time. They go over and above what they need to."

Staff spoke kindly of the people they were supporting and one member of staff told us, "You should treat people as you would want to be treated; they are all part of my family." Staff told us they enjoyed their job with one member of staff telling us, "It's the best decision I have ever made I love my job." Another member of staff told us they felt the service was tailored to individual preferences and said, "People wouldn't get such a personalised service if the organisation was bigger."

People felt it was important to be supported by staff who knew them well and they told us that they had the same staff who visited them and knew how they preferred to be supported. One person said, "The [staff member] who visits me is lovely, they are my usual carer." People we spoke to spoke of the staff warmly and that they had time to listen to them.

The staff we spoke with had a very good understanding of the individual needs and abilities of the people they were supporting and took the time to get to know about people's life history. In three of the plans we viewed, staff had recorded details of the person's life and people who were important to them. One member of staff told us, "Talking about their past lives makes them feel comfortable."

The two external professionals we spoke with told us the manager and staff had a good knowledge of the needs and wishes of people who used the service and were therefore able to provide a small personalised service.

People were supported to have a say in how they were cared for and had access to their care records. People told us that the staff write in the "grey file" and that they know them well. They told us that they have the same regular staff which they liked so they can get used to them. People we spoke with told us they had been involved in planning

what care and support staff gave to them when they visited. One person said, "Oh yes, I have a care plan and it is right here where I can see it. Staff keep it updated and discuss this with me."

The two external professionals we spoke with told us that people who used the service were involved in planning their own care packages. One told us about a person who had asked for their package to be changed during an assessment and they said the manager had been extremely sensitive and assured the person on the assessment visit that this would be done.

People we spoke with told us that staff respected their privacy and dignity. One person told us, "They always knock before they come in and they give me privacy."

Staff we spoke with demonstrated they knew the values in relation to respecting people's privacy and dignity. The manager told us this was part of the staff induction and that she carried out observations in people's homes to assess if staff were respectful of privacy and dignity.

One person who used the service was currently being supported by an advocate to support them with their finances. The manager told us they planned to add details about how to access an advocate to people's care records kept in their home. Advocates are trained professionals who support, enable and empower people to speak up.

We saw people were supported to maintain their independence. People told us that staff supported them with their independence and helped them to go into the community and do their own shopping. Care records reflected what people could do for themselves and what they needed support with. Staff we spoke with knew what people were able to do for themselves.

Staff told us about ways in which they could encourage self-care and were aware that the people they visited could make their own decisions about how they want to be supported. Examples they gave included: the person washing themselves except for hard to reach areas such as their back, providing meals that the person preferred.

Spending time talking to the people being visited was also stressed by staff. One member of staff told us it was, "Nice to know the person's history so we sit and chat." They gave an example of someone who was a keen sportsperson in the past and expressed clear enjoyment in the

Is the service caring?

conversations they have had. Taking the lead from the people the staff visit was a theme and appeared to be an integral part of the support e.g. “Assist (the person) to get up and take (them) out for a walk, or to the pub.”

Two external professionals told us that the individual needs of people were well understood by the manager and this was passed onto the other staff in the agency. They told us

care plans reflected what a person who used the service could do for themselves and said they felt the approach from the agency was centred around the person’s abilities and needs. They told us that the provider was flexible in their approach and was very focused on the needs of the person, taking into account both physical and social needs.

Is the service responsive?

Our findings

People commented positively on the service. One person said, "It is very good. Wonderful." People told us staff had enough time during their visits to do everything they needed or requested. They told us they did not feel rushed by staff and if they asked for additional tasks then staff were happy to do this. The relative we spoke with told us, "If I call [manager] and tell them I have an appointment, she sends a carer to sit with [relation] even though it is outside the visit times."

The manager told us that during the initial assessment people who paid for their own care chose how many visits they wanted, what support they wanted and how long the visit should be. She told us that where people received funding then the authority paying for the care would allocate the time needed but if staff reported this time was not the right length then requests for changes were acted on straight away.

One external professional we spoke with told us the manager adapted care packages to suit the individual. They gave us an example of a person whose care package had recently been reduced to reflect the person's growing confidence and ability to self-care. They told us they were impressed that the manager put the person's needs ahead of their business needs.

People were supported to go out into the community with staff to places of their choice such as shopping and local places of worship. One person told us, "They take me shopping. They wheel me in my wheelchair." Another person told us they liked to visit a local book shop and staff supported them to do this. They also said, "The carers take me with my wheelchair when they have the big car to church and to the bank." People told us about being taken

to the shops, church coffee mornings and the library. They told us that staff would always try to take them where they wanted, and if this was not possible on the day it would be arranged for another time.

We saw that one person liked to regularly go shopping and records showed that staff provided transport and support to enable them to do this. Discussions with the manager showed that staff working in the service understood the importance of people not becoming socially isolated. For example one person used to have a group of friends who supported them to attend a social group but that had since stopped. The manager had extended the visit time for that day to allow staff to support the person to attend the group. Records we saw confirmed this was happening.

The two external professionals we spoke with said it was clear that the manager had links and involvement in the local community and this enabled the manager to have a good understanding of local resources and could therefore link people who used the service to these.

People felt they could speak with staff and tell them if they were unhappy with the service. They told us they did not currently have any concerns but would feel comfortable telling the staff or manager if they did. One person said, "I would call [the manager] and discuss it with them but I have not had the need to as I have no complaints."

People could be assured their concerns would be responded to. There was a procedure in place informing people how they should make a complaint and for staff to follow should a concern be raised. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them immediately to the manager. There had not been any complaints made and so we were unable to assess how the manager responded and resolved complaints. However the manager was able to describe how she would deal with a complaint if one was made.

Is the service well-led?

Our findings

There was a registered manager in post and she understood her role and responsibilities. People were clear about who the manager was and felt they could approach her if they wanted to talk to her about anything and that she would listen and make changes as a result of this. The manager was on call at any time if staff needed any support and on the occasions she was not going to be available she told us a senior covered this role.

People told us that the manager regularly observed staff delivering care and support in their homes. They told us that the manager was part of the care team and supported staff and gave care and support herself. One person said, “[manager] works with the girls and supports me sometimes.” Another person said, “[Manager] checks that I am happy with the staff who come to see me.” A relative told us, “If we need anything at all, I only have to pick up the phone and [manager] will come round or send a carer round.” We observed this in practice on the day of our visit when a member of staff became stuck due to adverse weather conditions. The manager was alerted to the situation and immediately went to a person’s home to give the care and support herself.

We spoke with an external health professional and a person from the local authority who commissioned care packages for people living in their own homes. One of the professionals told us they had recently attended a visit to introduce the manager to a person who wished to use the service and were very impressed with the manager’s sensitive approach, focusing on the person as an individual. They said she had demonstrated a very hands on approach.

Both external professionals told us they had confidence in the manager for several reasons. They said that it was always possible to get hold of the manager and that she did not take on more people than the service could manage. The staff explained that the service was monitored by the manager and that they would receive feedback to suggest that visits may need to be shorter or longer depending on the needs of the person.

Staff confirmed that their practice was observed regularly by the manager and said that following the observations the manager called them to discuss their practice. They told us the manager was a part of the team and felt she was approachable and listened to them if they raised any concerns or suggested improvements. One member of staff told us, “She (the manager) cares so much about what she does”, “She is a fantastic boss” and “has time to go through things.” Another said, “She is lovely, if you have any problems you can go to her and you can talk to her.” They told us that they had been encouraged to ask for support if needed and they felt able to do this.

People were given the opportunity to have a say in what they thought about the quality of the service they received. People were asked by the manager if they were happy with the service they received via visits to their home and phone calls. One person told us, “The boss (manager) calls to see me every two weeks and I feel happy to ask for any changes in my care.” Another person said, “[Manager] rings to check that everything is okay and I can tell her about anything they are not happy with or if I want my visit changing.” The relative we spoke with told us, “[Manager] regularly asks us if we are happy with the service and makes it clear that if we have any concerns we should approach her.”

We saw there was an annual survey sent to people to gain their views of the service received. We saw the most recent survey which was completed in September 2014 and that all of the comments were positive. There was an action plan template for the manager to use but as there had not been any negative comments there were no actions arising from the survey.

People told us that if they wanted any changes to the service they were receiving then they could contact the manager at any time. Two people told us they had done this recently and that the changes had been made in line with their request. The manager had a good overview of the service being provided and had a ‘hands on’ approach to monitoring how well the service was running. There were no formal audits recorded to show where improvements had been identified as being needed and we discussed this with the manager. She agreed that formal recorded audits would enhance the monitoring of the service and show what improvements had been made.