

Norfolk County Council

NCC Swift Response

Inspection report

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Date of inspection visit:
16 January 2020

Date of publication:
03 February 2020

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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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

NCC Swift Response is a domiciliary care agency providing personal care to people aged 18 and over who live in the community and require physical or practical support with daily living tasks. The service provides a response to urgent or unplanned needs. This may be for one off intervention or could provide short term support until a resolution can be found to meet that person's needs.

During this inspection, we looked at the people who used the service in the 24-hour period of our site visit. All required one off interventions with none requiring more than one visit. Not everyone who used the service in this period received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Since our last inspection the provider had improved the governance systems with further developments planned. However, they had failed to notify CQC of several safeguarding incidents that they had been required to do so by law. Furthermore, the registered manager was not fully aware of all the events they had a responsibility to report to CQC. This meant regulatory requirements were not fully met.

People benefitted from receiving a service delivered by dedicated, professional and skilled staff who were committed to providing the best service they could. They demonstrated knowledge and passion and were supportive of each other and the service. There was an open, accommodating culture that strived to improve the service people received. Staff received regular support, training and opportunities to attend meetings which aided their development, knowledge and confidence.

Staff had been safely recruited and there were enough to meet people's needs in a person-centred manner. There were no time limits placed on how long staff could stay with people when providing them with support and this ensured people received an unhurried, dedicated service that met their urgent, unplanned and immediate needs. Staff assisted people with personal care, after a fall, medicines administration and meeting nutritional needs as required. This included when people were at the end of their lives.

Relevant information was taken at the point of referral and risks assessed as much as possible. However, staff were responsible for continuing to risk assess when making a visit and they demonstrated they were adept at doing so. Staff had received training in safeguarding people and were knowledgeable in this area. Any concerns had been referred to the local authority as required. Accidents and incidents were recorded and analysed for trends to help prevent reoccurrence. Staff had received training in medicines administration and although training in infection prevention and control had expired for most staff, our evidence showed good practice was adopted.

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. People who used the service told us staff were considerate, kind and patient and were complimentary about the service they provided. They told us they felt safe with staff and that they were appreciative of the service at a time when they needed help urgently. People told us staff maintained their dignity and made them feel comfortable, respected and listened to.

Although no one we spoke with had the need to raise any concerns, they knew how to should the need arise. The provider had a complaints policy in place and the registered manager put emphasis on using complaints as opportunities for learning and improving the service. Audits were in place to ensure the quality of the service and strong partnership working was in place to ensure people received continuity in their care.

The service had received many compliments and the people we spoke with who used the service agreed the quality of the service was very good. One service user's relative said, "It's an extremely good service" whilst another told us, "[NCC Swift Response] is an amazing service."

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

Rating at last inspection

The last rating for this service was requires improvement (published 18 January 2019). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating at this inspection.

Why we inspected

This was a planned inspection based on when the service registered with the CQC.

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 effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

NCC Swift Response

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 visit to the service's registered office was carried out by one inspector. A further two inspectors carried out telephone calls to people who used the service to gain feedback.

Service and service type

This service is a domiciliary care agency that provides support if a person has an urgent, unplanned need but does not need the emergency services. It provides personal care to people living in their own houses, flats and specialist housing and they may only use the service once, in an emergency.

The service had a 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 notice of the inspection. This was because the service provides a distinct and individual service that, to effectively inspect, we needed to gain some information prior to the site visit. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 January 2020 and ended on 21 January 2020. We visited the office location on 16 January 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from 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 this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. Each service user had used the service in the 24-hour period of our site visit. We spoke with eight members of staff including the registered manager, service manager, care coordinators and support workers.

We reviewed a range of records. This included the referral forms for 10 people who had requested the service since midnight on the day of our site visit. We also looked at several summary sheets, which records what actions staff took during visits to service users, for people who had used the service in the previous few months. We looked at two staff files in relation to recruitment, staff supervision and appraisals. A variety of records relating to the management of the service, including procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks were discussed with people when they called to request the service. This included any risks associated with health conditions, their home environment or the support they required.
- As the provider is the local authority, information previously held on their systems was also used to assess risk. This ensured the service had as much information as possible prior to making any unplanned and urgent visits.
- For people who requested the service due to a fall, the service used an additional assessment tool to ensure it was safe to assist them. Should it not be, then staff requested medical assistance.
- Staff told us they had enough information to provide support to people but understood their responsibility to continue to assess when making visits. One staff member said, "As soon as I open the door, I'm risk assessing. My eyes and ears are everywhere."

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt safe and reassured when staff visited them. One service user who needed staff to assist them up off the floor with a piece of equipment after a fall said, "One staff member put a hand on my shoulder to steady me. They did their best for me."
- Staff had received training in safeguarding people and were knowledgeable regarding this. They knew how to report concerns both inside and outside of their organisation and had confidence the management would appropriately deal with any raised concerns.
- We saw that concerns had been appropriately and promptly reported to the local authority safeguarding team as required. Policies and procedures were in place to support this.

Staffing and recruitment

- Safe recruitment processes ensured people were protected from the risks associated with unsuitable staff.
- Appropriate checks were completed on staff prior to starting in their role and a record of assessment of suitability was recorded.

- There were enough staff to meet people's needs in a person-centred manner. Staff always worked in pairs and enough staff were deployed to cover the whole county. The people we spoke with were happy with the length of time it took staff to attend to them and told us they were made aware of estimated times of arrival.
- There were no limits placed on the amount of time staff could spend with service users. They had the time they needed to provide support and assistance, write up records and make any referrals when necessary. One service user told us, "I didn't feel rushed at all, it was the other way around, they spent a long time here."

Using medicines safely

- No service user required assistance with medicines administration during the period covered by our inspection however staff had been trained to do so should the need arise.
- Staff told us they administered medicines as required but only if a medicines administration record (MAR) was in place and it was safe to do so.

Preventing and controlling infection

- People who used the service told us staff were mindful of infection prevention and used personal protective equipment as required. Through discussion, staff also demonstrated knowledge regarding this. No concerns were raised with infection control and prevention however we did note that most staff's training in this area was out of date.

Learning lessons when things go wrong

- The registered manager was committed to improving the service to better enhance the experience for people and staff. This was demonstrated through discussion.
- Incidents and accidents were recorded and analysed to identify any trends or patterns to mitigate future risk.
- After identifying that the response time to attend to people who had fallen was not appropriate, the service had liaised with the East of England Ambulance Service to change this. This change had resulted in the service attending more people who had experienced falls preventing the need for the ambulance service to attend.

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's needs were assessed at the point of referral, recorded and made available to the staff allocated to assist them. Information on whether the person had been made aware of the referral was recorded.
- Care and support was delivered in line with the law and appropriate standards. For example, the service worked to the local safeguarding policy and used a nationally recognised tool for assessing people who had fallen.

Staff support: induction, training, skills and experience

- People benefitted from receiving support from well trained, knowledgeable and committed staff who demonstrated passion and dedication.
- People told us they had confidence in the staff that visited them and that they were effective at their jobs. One service user said, "They knew what they had to do and looked after me."
- Staff felt supported and valued and were enthusiastic about the job they did. One staff member said, "We're all passionate about the service and very proud of it." Another told us, "I value my job, I enjoy it and get great satisfaction from it."
- Staff had received appropriate training and told us it prepared them for their role. Staff received enhanced training in some areas and most training was up to date. Some staff, however, felt too much training was completed via eLearning and told us they would benefit more from face to face training.
- Most staff had received regular supervisions and appraisals although some were delayed. However, evidence demonstrated a supported, knowledgeable and skilled staff team who were effective in their roles.

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

- Whilst meeting nutritional and hydration needs of the people who used the service was not its main function, staff assisted people with this as required.
- For example, people we spoke with told us staff had stayed with them to make refreshments as needed. One person said, "Staff were very good, very good indeed. They got me up on the settee, made me a cup of tea and we had a chat. It was the middle of the night but still they had time to sit with me. Very nice people."
- Staff told us they got some information about people's nutritional needs prior to visiting them. Most information was gained during the visit by asking people or their advocates as appropriate and if present.

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

- The service worked in collaboration with others on a very regular basis to ensure people received the assistance they needed and to keep them safe.

- Requests for the service came from, for example, healthcare professionals, domiciliary care agencies and monitored pendant alarm call companies. The service worked with these to ensure appropriate and effective support was provided. For example, one relative told us, "Staff worked well with the live-in carer that [service user] has. They completed what was needed together very well."
- In addition, staff made referrals to other agencies, such as the falls team or continence support, as required for people and in consultation with them. One staff member said, "We provide people with resources to make them feel better."
- At the end of each visit, staff completed a summary sheet that described the service they had provided and any outcomes from it. This was left at the service user's property to ensure that any regular care staff employed by the service user had relevant and up to date information to aid continuity of care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service made visits to people in unplanned and urgent circumstances and often for one time only. Therefore, it would not be appropriate for the service to undertake formal capacity assessments for people or make applications to the Court of Protection.
- However, it would be expected that staff had knowledge of the MCA and applied it in their work and this was demonstrated.
- Staff had received training in the MCA and demonstrated knowledge in it. They understood capacity and talked of working with people to meet their needs whilst gaining their consent. The people we spoke with who used the service confirmed this.

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

- People consistently told us they were supported in a kind, compassionate and empathetic manner that valued them as individuals.
- One person who used the service, and had done on more than one occasion said, "Staff are always very kind and considerate. They don't make me feel like a nuisance or embarrassed."
- People told us that staff took the time to ensure they were comfortable and had everything they needed before they left.
- When speaking about the people they supported, staff demonstrated respect and understanding of people's needs when they had often found themselves in sensitive and distressing situations. One staff member told us how important it was to ensure people were in control of the situation and the support they received.

Supporting people to express their views and be involved in making decisions about their care

- All the people we spoke with who used the service told us they felt involved in the process and the support they received from staff. They had been consulted over decisions about their care.
- One person told us how staff had explained what they were doing whilst providing support following a fall. The person said staff spoke with them the whole time they assisted them, so they knew what was happening.
- For another person who required care at the end of their life, their relative explained the care their family member had received from staff. They told us that although their family member was nearing the end of their life and not able to engage, staff spoke with the person, explaining what they were doing at all times.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and that the care and support they received from staff maintained their dignity.
- One person who used the service told us how staff used appropriate humour to make them feel comfortable and less embarrassed. They described staff as, "Brilliant."
- Staff, through discussion, demonstrated they understood how important it was to maintain a person's dignity and make them feel comfortable. One staff member explained ensuring people were in clean clothes and had everything they needed such as a drink within in reach.

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

- People's needs were met in a person-centred manner. The discussions we had with the people who used the service, and their relatives, confirmed this.
- Information was taken at the point of referral that helped staff deliver a person-centred service. However, due to the urgent and unplanned nature of the service, it had to rely upon staff having the skills and attributes to gain more information at the point of care delivery. This had been achieved and staff demonstrated the skills required to do so; the people who used the service confirmed this.
- One person who used the service told us, "I needed someone to get me off the floor and that's what they did." All the people we spoke with were happy with the service they had received.

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.

- Whilst the registered manager was not aware of this standard, they were able to give us examples of where it had been met.
- During the referral process, the service took information on people's communication needs and this was demonstrated through information they provided to us. Staff were then made aware of those needs prior to service user visits so those needs could be met.
- Information leaflets were available in braille and large print and the service had the ability to call on staff from the provider's other services if languages other than English were required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and ensured people who used the service were aware of it at each visit by leaving a leaflet giving them full information.
- The service had received few complaints in the last 12 months, but we saw that where concerns had been raised, these had been investigated appropriately.
- The people we spoke with had had no reason to raise a complaint or concern following the service they had received. One person described the service as, "Very helpful" whilst another said it was, "Excellent." A relative said of NCC Swift Response, "Absolutely first-class service."

End of life care and support

- Whilst providing end of life care was not the main function of the service, staff did attend people who were

requiring palliative care or had a terminal diagnosis and were at the end stages of their life.

- During our inspection we spoke with the relatives of two people who had sadly passed away shortly after they received the services of NCC Swift Response. They spoke of staff who were compassionate and considerate and who demonstrated respect. One of these relatives described staff as, "Absolutely fantastic."

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 requires improvement. At this inspection this key question has remained the same. This is due to the service failing to report notifiable incidents to CQC as required by law.

Continuous learning and improving care

At our last inspection the provider had failed to have effective systems in place to monitor and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits were completed on referral forms and summary sheets to ensure full information was taken and actions of staff recorded. These had been analysed to identify trends and we saw that action had been taken in response to one identified pattern.
- The registered manager was new in post, although not to the service, and had begun to make plans for improvements to the service. This included introducing 'bite-size' training in team meetings, some restructuring and improvements to audits.
- A review of the service had been completed in September 2019 and improvements had been planned as a result. For example, the service had identified that the electronic auditing system they were using did not capture the desired information and a new one was being developed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had failed to report several safeguarding incidents to CQC as part of their regulatory responsibilities. Whilst the service took prompt and appropriate action to ensure the safety of those people, they had failed to notify the regulatory body.
- The registered manager was not able to fully demonstrate the types of events reportable to CQC. As a registered person, it is their responsibility to ensure events are reported as required.
- The service had clearly defined roles and all staff we spoke with confidently demonstrated their abilities to perform them as well as understanding the associated responsibilities. Staff consistently demonstrated accountability and commitment to the service. One staff member said, "I really believe in this service" whilst another told us, "I have a passion for Swifts."

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

- Good outcomes were achieved for people through the dedication of staff and the commitment to provide help and support to people when they found themselves in emergency situations.
- People benefitted from receiving support from a strong, supportive staff team who respected and valued each other. One staff member told us, "I cannot fault the service we provide. I'm incredibly proud of it and the people I work with." Another said, "We have a deep sense of collaborative responsibility towards service users."
- The management team encouraged an open culture and encouraged staff to contact them for support. One staff member said of the management team, "They're straight and honest and always get back to you." Another told us of the same team, "They always resolve issues and are very supportive."

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

- Whilst there had been few incidents or complaints in the service, the registered manager told us they saw incidents and complaints as opportunities to improve the service.
- We saw from the few complaints the service had received that any concerns were investigated, apologies given if appropriate and actions taken in response as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Due to the high number of transient service users, it would not be achievable to ask everyone for their feedback on the service via a survey. However, everyone was given a leaflet explaining how they could comment on the service.
- Every tenth service user was sent a survey to seek their feedback. Given that the service, on average, attended 20 service users in every 24-hour period, this meant at least two service users each day had the opportunity to provide feedback on a more formal basis.
- Staff had the opportunity to attend regular staff meetings and these were set at the start of each year, so staff were given notice. Most staff told us they found these helpful and supportive.
- The service attended several events each year to highlight and promote their service and encourage people to use it. These included carer events, GP surgeries and conferences.