

Nottingham Assured Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Nottingham Assured Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. At the time of the inspection, 12 people were receiving support with personal care.

People's experience of using this service:

- ☐ The risks to people's health and safety were assessed and used to reduce the risk to their safety. People told us they felt safe when staff supported them. Staff understood how to report any concerns that could lead to people experiencing avoidable harm.
- ☐ There were enough staff to meet people's needs. Staff arrived on time for calls and stayed for the agreed length of time and sometimes longer if needed. People's medicines were managed safely; however, more formalised checks of staff competency were needed to ensure people continued to receive their medicines safely.
- ☐ Staff understood how to reduce the risk of the spread of infection. The registered manager had the processes in place to learn from mistakes and to reduce the risk of people experiencing avoidable harm.
- ☐ At our last inspection we raised concerns that some staff training was not up to date. This had now been rectified and staff had completed training in all areas deemed mandatory by the provider. Staff received informal spot checks of their competency; the registered manager acknowledged that a formalised process was required so that staff performance could be appropriately monitored.
- ☐ People were provided with care and support which protected them from discrimination. People received the support they needed with their meals and they had access to other health and social care agencies where needed. People were supported to make decisions about their care, the provider ensured these were made in accordance with appropriate legislation.
- ☐ People liked the staff, they found them to be caring, kind and respectful. People were treated with dignity and had their privacy respected. People felt able to make decisions about their care needs and staff respected their wishes. People's records were stored securely to protect their privacy.
- ☐ People received person centred care and support that considered their personal choices and preferences. People welcomed the consistency of staff who understood their needs. People had access to information in a format they could understand. Complaints were handled appropriately and in line with the provider's complaints policy. People did not currently receive end of life care.
- ☐ People, relatives and staff respected the registered manager. They welcomed the fact that she was available, carried out care visits herself and therefore understood people's needs and the role carried out by staff. Staff enjoyed working at the service and felt respected and valued. People could give their views about how the service could develop and improve. People and relatives told us they would recommend this service to others.

Rating at last inspection:

At the last inspection the service was rated as Requires Improvement (5 December 2017).

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor this service and will return within the next 30 months to ensure they have continued to provide a 'Good' quality of care for people.

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.
Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our Well-Led findings below.

Nottingham Assured Home Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

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 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 28 January 2019. We visited the office location to see the registered manager and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from

the local authority, Healthwatch and professionals who work with the service. On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During the inspection, we spoke with three people who used the service and one relative. We spoke with two members of the care staff and the registered manager.

We reviewed a range of records. This included three people's care records and three staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After inspection, we asked the registered manager to provide us with a variety of policies and procedures. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People were protected from the risks of avoidable harm. People told us they felt safe when staff supported them in their home. One person said, "I feel safe, always, when they are with me."
- ☐ Staff knew how to identify the different signs of abuse and felt confident that if they reported this to the registered manager that they would act on their concerns. The registered manager was aware of their responsibilities to ensure that external agencies such as the local authority safeguarding team and the CQC were notified of all relevant incidents.
- ☐ A safeguarding policy was in place. The provider had the systems in place to ensure the relevant authorities such as the CQC or the local authority were notified of any allegations of abuse or neglect.
- ☐ People were provided with emergency contact details should they need to speak with someone outside of normal office hours. The registered manager told us they were available whenever people needed them and responded accordingly to people's worries or concerns. This, if needed, would include them going to see the person to offer reassurance.

Assessing risk, safety monitoring and management

- ☐ The risks to people's health and safety were assessed and used to protect them from harm. Each person had risk assessments which addressed key elements of the care including medicines and personal care. Whilst some of these assessments were brief, they did address the main risks and guide staff on how to support people safely.
- ☐ Each person had a home environment risk assessment. These detailed the risks to the safety of people and staff. Guidance was in place for staff to help them to reduce these risks. We did note there was not currently guidance for staff on how to make people safe during an emergency at home or how to evacuate them if needed. The registered manager told us they would review these assessments and ensure reference was made to this in each person's records.

Staffing and recruitment

- ☐ People received support from a consistent team of staff. A person said, "I have the same carers three times a day and they are never late. They are always here when I need them." A relative said, "We have the same staff yes, occasionally someone new, but we've met them before so that helps."
- ☐ The registered manager told us that due to the small size of the company they could provide a more personal service which meant people got the same staff for almost all calls. They told us this helped people to receive a consistent level of service from staff they knew.
- ☐ People told us staff arrived on time for their calls. One person said, "They are always on time, bar the odd time, but they always let me know." Checks of daily log books were carried by the registered manager to ensure staff remained punctual.

- Staff had enough time to get to each call and to complete the required tasks. They also confirmed that their rotas were planned and they saw the same people regularly which helped them to understand people's care and support needs.
- During previous inspections we had raised concerns that robust recruitment checks were not always carried out before staff commenced their role. At the last inspection we saw some improvements had been made, and we found further improvements at this inspection. New staff now had the appropriate references, criminal record and identity checks completed before commencing their roles. These checks enabled the provider to assure themselves that the person was of suitable character to work with vulnerable people

Using medicines safely

- People received the support they needed with their medicines.
- Care plans contained guidance for staff when supporting people with their medicines. Some people could manage their own medicines, or had relatives to support them. Others required prompting or supervising to take them. A small number needed staff to administer their medicines for them. Where support was provided, records were used to record the support provided. The records we looked at were appropriately completed showing people received their medicines when they needed them.
- Staff who administered medicines had been trained to do so; however, not all had received an annual competency assessment to ensure they remained competent. The registered manager told us they would ensure these assessments were completed. This would assure them that people continued to receive support from trained and competent staff.

Preventing and controlling infection

- People did not raise any concerns about the way staff supported them in their homes. A home environment risk assessment was completed for all people. These recorded whether there were any issues that could affect the control of the spread of infection in people's homes.

Learning lessons when things go wrong

- The provider had processes in place to investigate and act on any accidents or incidents that could influence people's health and wellbeing. To date no accidents or incidents had occurred.
- The registered manager told us that if staff made errors that led to an accident or incident occurring, they would discuss this with them, consider refresher training and report the incident to the relevant authorities where needed.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience.

- ☐ During our previous inspection in October 2017 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider had not ensured staff received appropriate training as was necessary for them to carry out the duties they were employed to perform. This included staff not having completed up to date moving and handling and training. After the inspection the provider forwarded us an action plan which explained how they would make the required improvements.
- ☐ During this inspection we checked to see whether these improvements had been made and we found they had. Staff had now completed all training deemed mandatory by the provider. This included moving and handling and safeguarding, as well as other areas such as medicines and the Mental Capacity Act 2005. This meant people now received support from staff who were appropriately trained for their role.
- ☐ People told us they found the staff to be knowledgeable and they understood how to support them. Staff told us they felt supported by the registered manager to carry out their role effectively.
- ☐ However, we noted there was not a formal supervision process in place to enable the registered manager to assess a staff member's continued competency for their role. The registered manager told us informal 'spot checks' were completed, but these were not recorded. We were not assured that the informal spot checks were sufficient to fully assess staff and to identify any drops in standards or poor practice. An annual appraisal of staff performance was also not conducted. The registered manager told us they had confidence in their staff; however, they acknowledged that a more formalised approach to assessing performance was needed. This would then reduce the risk of people receiving support from staff who were not competent in their role.

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

- ☐ People received support from staff that reflected their needs and personal choices. A relative we spoke with agreed. They said, "They know what to do help me. They understand everything about me."
- ☐ People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination. People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation.

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

- ☐ People received the support they needed from staff with their meals. One person said, "They help with meals every now and then."
- ☐ People's care records contained guidance for staff on the support they needed with their meals. This included the preparation of meals. People's food and drink likes and dislikes were also recorded as well as

people's preferred choice of food for specific meals. This meant staff would be aware how to support people to eat and drink enough.

- Where people had specific health conditions that could be affected by their food and drink choices such as diabetes, guidance was in place to support staff with helping the person to make wise choices.
- The registered manager had not needed to make any referrals to GPs or dieticians due to people's poor nutritional health resulting in weight gain or loss. However, they knew what to do if they needed to. This would help people to maintain a healthy and balanced diet.

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.
- We checked whether the service was working within the principles of the MCA and found they were. People could make decisions for themselves. Records showed they had signed their care plans to say they agreed with the care that was to be provided. People's care was regularly reviewed and discussed with them to gain their continued consent.
- People and relatives told us they were involved with decisions and the registered manager and staff had a good awareness of their responsibilities to adhere to and apply the principles of the MCA. This meant people rights were protected.

Staff working with other agencies to provide consistent, effective, timely care

- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services where needed. This included visits to GPs and dentists.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People and relatives liked the staff who supported them or their family member. One person said, "They always treat me well, nothing is too much trouble." A relative said, "They are nice to [my family member], but to me also, they are always really respectful."
- ☐ When people started to use the service, their diverse needs were discussed to ensure people did not face unlawful discrimination. Whilst people did not have specific needs, the registered manager told us staff were aware of ensuring they treated people appropriately, respecting their own choices and beliefs.
- ☐ People told us they looked forward to the visits from staff and some described staff as 'friends'. One person said, "They are so friendly and nice to me. It is nice to have happy, friendly staff come and see you."
- ☐ Staff understood people's personal choices and preferences. Staff found the care records informative, giving important information about people's life history and interests which helped them to form meaningful relationships.

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

- ☐ People and relatives felt involved with decisions about their or their family member's care. One person said, "They listen to what I have to say, if I have to raise something they'll sort it."
- ☐ Care records showed people had been involved with setting up and agreeing the care plan and any changes they wanted to make were acted on swiftly by the registered manager. People attended reviews of their care and felt able to raise any issues they had with the registered manager. This meant people felt able to express their views and make decisions about the things that were important to them.
- ☐ Information about how people could access an independent advocate was not currently provided. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. The registered manager told us they were confident that people did not currently require an advocate, but would make the information available for them so they could make an informed choice.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were treated with dignity and respect by staff.
- ☐ Staff spoke with passion about how they ensured people were always treated with respect and dignity. Staff felt people received high quality care and they all stated they took pride in their role in helping people more vulnerable than themselves. This included the dignified way they supported people with their personal care.
- ☐ People were encouraged to do things for themselves wherever possible. Care records contained information for staff to follow that ensured people's independence was encouraged. Supporting independence during personal care was a key aim and records contained detailed individualised

information about the levels of support people needed.

- ☐ People's care records were treated appropriately to ensure confidentiality both within people's homes and within the service's office. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People received their support from staff in the way they wanted, considering their likes, dislikes, personal preferences and interests. One person said, "They know what to do to help me. They understand everything about me."
- ☐ People's needs were assessed before they started to use the service. Personal preferences, risks and health needs were discussed with people. The information gained was used to determine whether people could be safely and effectively cared for and supported by the service. If agreed, then care plans were put in place taking into account people's personal preferences.
- ☐ People's care plans contained person-centred information such as people's preferred time of call, whether they wanted male or female staff and the support they wanted with personal care. People spoken with were pleased with the care and support they received from staff.
- ☐ The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. Adherence to this standard is important to ensure that people are empowered, treated fairly and without discrimination.
- ☐ Where agreed, some people received social calls as part of their care package. This included staff taking people out to local amenities and following their chosen interests. Additionally, people told us they welcomed staff having the time to sit and to talk with them when they visited their home. They enjoyed this time, and, due to the consistent staffing team that supported people, they had been able to form positive and enjoyable relationships with staff they knew well.

Improving care quality in response to complaints or concerns

- ☐ People had not needed to make a formal complaint but if they had to, they felt the registered manager would deal with it appropriately.
- ☐ The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

End of life care and support

- ☐ End of life care and support was not currently provided. The registered manager told us they would speak with people and ask them if they had any specific preferences. If they did, they would then work with them to form meaningful end of life care plans.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- ☐ At our previous inspection in 2017 we rated this service as Requires Improvement with our main concerns relating to the training of staff. As noted in this report the registered manager had taken positive action to address this and we found staff had now completed all training deemed mandatory by the provider. The registered manager now had improved quality assurance processes in place. These helped her to identify when staff training was due for renewal and to ensure staff completed this training before the deadline. This helped to ensure that people continued to receive care and support from appropriately trained staff.
- ☐ The registered manager was now also aware of the requirement to formalise their supervision process, to ensure that all staff received formal assessments of their competency to carry out their role. This is to ensure compliance with the regulatory requirements of all staff receiving appropriate supervision and appraisal for them to carry out their duties.
- ☐ Staff spoken with were clear about their roles and responsibilities. They could explain what was expected of them and how this contributed to people receiving a good standard of care. Staff told us they enjoyed their role and respected the registered manager. They were confident the registered manager would act on any concerns they raised, but they were also aware of the service's whistleblowing procedure. Whistleblowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service.
- ☐ It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the provider's office address.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ The registered manager had a clear focus to provide all people with personalised care and support. The registered manager felt they could provide people with high quality care and support because they had kept the number of people they supported low. This meant people received care from a small, consistent team of staff that understood their needs.
- ☐ People and relatives welcomed this approach. They told us the registered manager was available to speak with when they needed to and she regularly came to see them; either in her capacity as registered manager or when carrying out care duties.
- ☐ The registered manager understood the requirement of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. This meant the registered manager

operated in an open and transparent manner.

- The registered manager was aware of the responsibilities to apologise to people and/or their relatives when mistakes were made.

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

- Due to the size of the service the registered manager told us this enabled them to regularly gain people's and relatives feedback. This was because they carried out caring shifts as well as their role as the registered manager. People welcomed this approach. They liked to be able to see the registered manager and felt confident to raise any issues they had.
- Staff told us that they felt the registered manager was approachable, and they felt supported. They told us they felt valued and their opinions mattered.
- Records showed people and relatives were involved with reviews of the care provided. The registered manager acted on any changes requested. This has included changes to call times, cancelling calls and asking for additional support from staff when people's needs have changed.

Continuous learning and improving care

- The registered manager made efforts to learn from mistakes and to keep staff informed of any changes that could affect people's care. The registered manager met with regularly and discussed changes in company policy or changes to people's needs due to increased risk. Staff felt the registered manager worked in an open and transparent way.

Working in partnership with others

- This is a small service that provides care for a small number of people. Opportunities to work alongside other agencies was limited. However, when health or social care professionals have made recommendations to people's care, these have been recorded within people's care records.