Namron Care Provider 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this announced inspection on 7 December 2016.

Namron Care Provider Ltd provides personal care and support for people in their own homes. At the time of our inspection the service was providing personal care support for 16 people in the city of Lincoln and its surrounding villages.

The service is owned and operated by a company and run by three directors, one of whom was the registered manager. They were involved in the day to day running of the service. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered person or persons'.

Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People had been helped to avoid the risk of accidents and the arrangements in place to support people with their medicines were managed safely. There were enough staff employed by the service to carry out the visits they needed to undertake. Background checks had been completed for new staff to make sure they were appropriate to work with people who the service cared for.

Staff had received training and guidance and they knew how to support people with the care assessed as needed. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed. Staff were supported to speak out if they had any concerns and good team work was promoted by the registered persons.

People were treated with kindness and compassion. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

CQC is required by law to monitor how registered persons apply the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and staff had received training in this subject and this enabled them to help people make decisions for themselves. When people lacked the capacity to make their own decisions the principles of the Mental Capacity Act 2005 and codes of practice were followed. This helped to protect people's rights by ensuring decisions were made that were in their best interests.

People had been consulted about the care they wanted and needed to receive and staff worked together with people and relatives who were involved in their care.

Some quality checks had not been consistently completed to make sure that people reliably received all of the care they needed. Arrangements for receiving people's feedback were in place but not robustly

managed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to take any action needed to protect people from abuse.

People had been helped to stay safe by avoiding accidents.

There were sufficient staff employed by the service to enable them to care for people safely.

Is the service effective?

Good

The service was effective.

Staff had received the training and support they needed to undertake their role.

People's healthcare needs were met and people were helped to eat and drink enough to stay well.

Staff understood how to apply the Mental Capacity Act 2005 and decisions about people's care were made in line with the best interests decision making process.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff were aware of people's choices and care needs.

The registered persons and staff maintained people's personal information in ways which ensured it was kept confidential.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive and staff had provided people with the care they needed.

Staff recognised the importance of supporting people to make choices about their lives.

There were arrangements in place to respond to and resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality checks had not always been completed to ensure that people were reliably receiving all of the care they needed.

Arrangements for receiving people's feedback were in place but not robustly managed.

Staff had been encouraged to speak out if they had any concerns and good team work had been promoted.

Namron Care Provider Ltd

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 visited the administrative office of the service on 7 December 2016. The inspection team consisted of a single inspector. The inspection was announced. The registered persons were given a short period of notice because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection process.

Before we carried out our inspection visit we looked at the information we held about the service. This included feedback we had received from people or relatives of people who used the service and health and social care professionals. We also reviewed other information we held about the service such as notifications. These refer to events that happened in the service which the registered persons are required to tell us about.

During the inspection we spoke by telephone with four people and two relatives of people who used the service. We also spoke with three members of the care staff team, the office manager who was responsible for organising and checking on the visits completed to people's homes, two of the services administration staff, the registered manager, who was also the registered person and a healthcare professional who worked with the registered persons.

We also looked at four records related to the care people received and a range of records regarding how the service was run. This included information about how people were supported with their medicines and staff rotas which showed planned visit times to people. In addition we viewed staff meeting records, three staff recruitment records and the staff training plan. We also looked at the records and arrangements in place for managing complaints and monitoring, checking and maintaining the overall quality of the services provided.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person said, "The main thing which gives me reassurance is that I generally get the same carer visiting me. Knowing someone helps me to build trust and that makes me feel safer." People also told us and we saw staff had identity badges and wore uniforms. People told us this helped them identify the staff and gave them additional assurance about who they were.

Staff told us they understood how to raise any concerns they had for people's safety, that they had completed training in the area and knew when they should report safeguarding concerns. Where issues of concern in regard to people's safety had been identified the registered persons had taken action to respond to the concern. Their responses included reporting any information about actions they had taken to appropriate agencies.

Any potential risks to people had been identified and assessed in relation to the person and the environment they lived in. The assessments covered a range of areas including trip hazards, health and safety, infection control and moving and handling. Staff told us how they used the records as a reference for information about any risks and how to respond to these. One staff member told us about the importance of helping people to move around safely and if the person was at risk of falls what they needed to be aware of. They said, "It is important to know how and when to use the equipment we use to help people move safely. I have used hoists and slide sheets to help people move when they want to and to reduce the risks when they move. We use body maps to record any skin tissue damage we see and we report any risks and issues like this straight back to the office supervisor so that with the person's permission we can get other health professionals involved to help us out."

Staff told us that they were aware of any potential safety issues and actual risks that they needed to know about when they were allocated new work, for example, access topeople's property when they lived alone and lone working. In addition to having their own mobile telephone one care staff member showed us they had a personal alarm which they carried with them. They told us that, "We also carry hand sanitiser and have access to gloves, aprons and hair nets to make sure people are protected and we minimise the risks related to infection control."

Records demonstrated the registered person had a safe staff recruitment process in place. We looked at the records of the background checks that the registered persons had completed before three members of care staff had been appointed. They showed that a number of checks had been undertaken. These included checking with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Other checks completed included obtaining references from relevant previous employers. These measures helped to ensure that staff could demonstrate their previous good conduct and were suitable people to be employed by the service.

The registered person had an on-going recruitment process in place to help sustain staffing levels. Rotas we

looked at showed the number of staff the provider had identified as being needed to give the care required were scheduled to do this, including where people required two care staff to support them with their care. The registered person and office manager confirmed they used their on call arrangements to provide any additional cover needed and that they did not use agency or bank staff to fill any gaps when staff were not available to work, for example when they were on holiday.

One person we spoke with told us, "The care staff visit me six days a week. I get the same carer and I can't fault them in any way. If I have any problems I am invited to make representation to the office but apart from them sometimes being a little delayed because of traffic I haven't had to."

Care staff told us and we saw they brought their care task and time sheet records into the registered person's office each week. These were checked by the office manager who maintained a record of any missed calls reported by people and identified through these checks. Action was then taken in order to address any issues they identified and minimise the risk of them happening again. Where it had been needed supervision sessions were used to discuss the reasons for late or missed calls.

Some people who used the service needed assistance with taking their medicines. Records showed that staff had received training and support to enable them to assist people to do this in the way intended by their doctors. A relative told us, "We work as a team with the care staff. They assist when it is needed."

Good

Is the service effective?

Our findings

People told us that they thought care staff had the skills they needed to care for them. A relative commented that, "The staff are good and I can't fault their skills. They listen to us and know how to use the hoist we have here. They do the moving and handling procedure very carefully." The relative also added that, "Two care staff visit to carry out the care. A senior carer came this morning with a junior and I noticed how careful the senior was to explain things."

Staff we spoke with told us they had received an induction and two care staff members told us about their induction. They said this had included shadowing more experienced staff and undertaking training in areas including health and safety, infection control and person centred care. The registered person told us they were aware of the national Care Certificate which sets out common induction standards for social care staff and they told us that work was in hand to build this into the staff induction programme in the near future.

We saw the induction pack contained questionnaires and written exercises for staff to complete and reflect on as part of the induction. One care staff member said, "I have almost finished mine. We have six months maximum to complete it. When I have it will be signed off by the manager to show the induction is finished and I get to know if I have passed it." The staff member said if they had any difficulties completing the work they could approach the office supervisor and registered person for support at any time. The registered persons said they took responsibility for confirming if the induction had been successful and staff said they felt well supported through this process.

The registered person showed us they had a training plan in place which they checked and updated to show the training staff had completed. They said staff had received or were due to receive update training on specific issues such as dementia, infection control and moving and handling. Staff said they felt well supported and that they had the chance to discuss their development needs together with the registered persons so that any future training needs could be identified. Records showed some of the staff team had also completed nationally recognised qualifications in care.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this involved one care staff member telling us how they assisted people who needed to be helped to move safely using a hoist. They told us, "We need two staff when using some equipment and always stick to this using our understanding from the training and working with experienced staff for any other guidance." Care staff also described how they worked together with community healthcare professionals in order to promote people's good health and that they liaised closely with specialist health professionals as part of the arrangements to support people who were nearing the end of their lives. The registered person told us how staff were also able to work with healthcare professionals to access any additional competence training needed. This included assisting healthcare professionals in providing specialist care such as supporting those people to receive nutrition through specialist equipment directly into their stomachs.

Care staff told us that for some people making sure they had enough to eat and drink was a key part of their

role when they visited. One person described the help they had in maintaining their fluid intake saying, "I get a flask of water which the carer sets out for me along with a flask of hot coffee. This way I have hot and cold drinks when I want them which is great." A care staff member told us, "It's really important to make sure people can access their food. Even if people choose to make their own meals we check they are able to get enough of what they want." Assessment and care records contained information about what people ate and drank, any allergies they had and any specific support people required with their meals. A relative we spoke with told us how their family member was given choices about the meals staff supported them to make. They also said staff understood how the meals needed to be prepared saying, "The staff read the care records before they do anything and we have to ensure a soft diet is in place. They know how to make thick and easy supplements and I feel supported in helping [my family member] to maintain a healthy food regime."

We found that the registered persons and staff were following the Mental Capacity Act 2005 in that they had supported people to make important decisions for themselves. This had involved consulting with and listening to people who used the service, explaining information to them and seeking their informed consent. People we spoke with said that care staff always respected their decisions and choices. The Mental Capacity Act 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 who used the service gave examples of this when they described how care staff had explained to them what their medicines were for and why they needed to carefully use medicines in the manner prescribed by their doctor. A care staff member told us how they ensured they reminded one person about the need to eat saying, "I offer gentle reminders and the person we support is always happy with the prompt because they would forget otherwise."

Good

Is the service caring?

Our findings

People and relatives we spoke with told us the care staff were kind and caring toward them. One person told us, "They are a caring group. I enjoy their visits. It's not just about the care I need. I like to talk and they let me do that." A relative commented that, "The care staff have taken a real interest in us as people. They listen to us and ask our permission before they undertake tasks. Through our contact with them we feel well respected."

We observed staff were friendly and helpful and that when people contacted them they provided any information people asked for clearly. The office staff told us that the office was open for people to visit each day and we saw access to the main office was available for people who needed assistance to gain entry to it.

The registered person's showed us they had a policy in place regarding dignity and respect for the people they cared for. Staff we spoke with said they understood the policy and gave us examples of ensuring people's dignity was maintained when they gave care. These included making sure curtains and doors to bathrooms were closed when they gave personal care support. One person we spoke with said, "I have difficulty putting socks on but the carer is very patient and they are very respectful when they help me to shower. A care staff member told us, "I provide care for one person who lives with their relative. I don't just assume it's okay to leave them uncovered when their relative is present so I use towels to sensitively do this and the person responds by saying things like, "Thank you my dear."

Staff recognised the importance of not intruding into people's private space. People told us when they had been first been introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. For example some people had given permission for staff to access their home through the use a key safe. One person told us, "When I hear the click of the key I know it is my carer and I feel good and secure. The staff care about me and they are thoughtful about how they enter. They don't just barge in."

A relative we spoke with told us how they worked together with the care staff saying, "I get the meals. We don't eat meat and we work well together with the staff. I really like to be involved. I promised [my family member] they would not go into a home and I have found the service has promoted our independence."

The registered person told us that most people could express their wishes or had family and friends to support them with their day to day decision making. The registered person showed us that contact information for lay advocacy services was available in the service user guide for anyone who needed additional support, which people Said they had access to. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

The registered person was aware of the need to maintain confidentiality in relation to people's personal information. We saw that personal files were stored securely in the service's office and computer documents were password protected when necessary. Staff had received guidance about how to correctly manage

confidential information. Staff we spoke with confirmed their understanding of the importance of respecting private information. They confirmed that they only ever disclosed it to people such as health and social care professionals on a need to know basis.

Good

Is the service responsive?

Our findings

The registered person showed us that wherever possible they carried out a detailed assessment in advance of any person starting to use the service. This process included a meeting with the person and any relatives involved in supporting them. The office supervisor confirmed that when it had been needed this also included hospital visits to meet people and complete an assessment before they were discharged from hospital to their own home. A relative we spoke with told us, "We have been using the service for just over two months. The supervisor met us and we discussed the care needed so the discharge from hospital went smoothly. A care plan was put in place. Two carers visit as [my family member] had previously had a couple of falls and couldn't stand initially. They use a hoist and do the moving and handling very carefully. I feel involved and I feel [my family member] is now making real improvements." The relative also added that, "When the care plan was completed we had the chance to discuss the content and sign to say we agreed with it, which we did."

Care staff told us they recorded each visit they carried out on a task sheet kept at each person's home. People and relatives we spoke with told us the task records and their care plans were kept up to date and under review by staff. One person said, "The staff keep my records up to date. I have access to them so I know what they have done as well." The office supervisor told us that any changes in people's needs were discussed together with people, the care staff member and with people's relatives if this was needed. The office supervisor said that more formal reviews were carried out every three months or sooner if there were changes which needed adding to the care plan. We saw there was a review schedule in place to facilitate this process.

A relative and their family member, who was in receipt of care told us how they were being supported with the arrangements for care by both healthcare professionals and the care staff. The person said, "I am very happy with them. They are nice to me." The relative commented that, "I feel very involved in the process. The care staff communicate with us well and I am keeping a diary of all the things the carers do so I can discuss the value of their input with the continuing healthcare team."

Care staff told us that if they identified a sudden change in a person's needs when they visited and the person required more time they would respond by contacting the office to alert them they needed more time to be able to provide this. The office supervisor gave us an example of when a care staff member was supporting a person who was nearing the end of their life. They told us, "The person's relative was getting upset and the staff member recognised they shouldn't be left on their own. So they called the office and I reconfigured the rota so the staff member could stay with the family and support them."

People had access to a service user guide, which included information about the registered person's complaints procedure. We saw the guide included all the information people would need if they needed to raise a concern or more formal complaint. Records showed that in the 6 months preceding our inspection the registered persons had received five complaints. We noted that the concerns had been promptly responded to. We spoke with the relative of one person who had recently raised a concern. They told us, "We used to use another agency but they kept changing the care staff. This agency have provided the same staff

member which had been more positive. Everything worked when the regular carer visited but when they needed to take time off it hadn't worked. I wrote to them and the problem seems to have been addressed but I would like assurance that things will remain consistent, in particular the communication." We spoke with the registered person who confirmed they had arranged to go out to meet with the relative so they could give the additional assurances they needed.

In response to the outcome of another concern raised by a person and their relative the registered person also showed us they and the office manager had produced an 'end of care' form which they said they would be using to obtain any additional feedback from people who had chosen to stop using the service. They said this would help them to identify any issues not previously discussed which the person and their relative may wish to feed back on. We saw this was being sent to the person and their relative. The registered persons said in addition to seeking feedback they were maintaining contact with the person so that they could be responsive to restarting the services they had previously provided if the transition to the new care provision was not successful.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who was also the registered person for the service. People and relatives we spoke with said they knew the registered person and the management team and understood what the service provided. One person said, "I am always happy to speak with the director if I have any problems and know how to contact the office at any time." A relative commented that, "I think things are getting better. One criticism I had was the management but I think this has improved in the last few months."

The registered person told us that since they had started to provide services to people they had experienced several changes in the office management arrangements which had previously led to inconsistencies in the delivery of service to people. They also confirmed that during the last six months there had been a further change in the management structure. Records showed that from August 2016 a new office supervisor had been employed by them to support the staff team and oversee some of the day to day management responsibilities.

The registered person had arrangements in place to provide the office supervisor with support and mentorship. The registered persons and the office manager showed us how management responsibilities had been shared between them to ensure the consistency in the running of the service would be maintained. In addition, as part of their strategy for managing the changes which had occurred at the service the registered persons said they had maintained a small number of individual contracts with people so that they did not take on more work than they had capacity for.

People we spoke with told us there were good communications from the office and they knew who to speak with. Staff said they were encouraged to speak with the office about any concerns they had about people's care. A suggestion box was in place in the services main office for visitors and staff to submit any suggestion or other feedback to the registered person. The registered person said that this was a new development and that they planned to use this alongside their other quality assurance processes to help monitor and review the arrangements in place for running the service.

Care and office staff told us they felt able to raise concerns and were confident that these would be listened to and responded to appropriately by the office manager or registered manager. There was an open, relaxed and friendly approach to running the service. The registered persons told us it had been difficult to hold team meetings to include all of the staff as they did not want the meetings to impact on the care rotas and arrangements for care. With this in mind the registered person and staff we spoke with said they held smaller group supervision meetings to discuss any issues related to their roles, rotas and the delivery of care for people. Staff said that they were confident they could speak to the registered person, office supervisor and senior staff if they had any concerns about the conduct of another staff member. Staff told us that action would always be taken by the provider if they raised any concerns about poor practice. Staff also said they were clear about the provider's whistle blowing procedure and said they would not hesitate to use it if they felt any issues they had identified were not being addressed.

The registered person met together with the office supervisor and office team every three months and records of the meetings were retained. We looked at the records for the last two meetings held in August 2016 and November 2016. The information showed that they had discussed the importance of maintaining audits and quality assurance.

However, we found there were some shortfalls in the way quality assurance processes were being managed. These needed to be addressed to ensure that people continued to enjoy a positive experience of using the service and that quality was being sustained. For example, the registered person told us they used systems to audit the quality of the service people received. One of the arrangements involved senior and administrative staff completing regular 'spot checks' at people's homes when a member of staff was providing care. In addition to assessing how care was provided this involved checking staff were arriving for calls on time and were wearing their uniforms and identity badges. Although there was evidence to show when some of these checks were completed the registered persons had not ensured consistent records had been kept to show when they had all been carried out and any resulting outcomes and actions.

We were told that another system involved the office supervisor auditing daily task records completed by staff to show the care they had provided during each visit they completed. This was done to ensure that people were reliably provided with all of the care they needed and wished to receive. However, we noted that the completion of these audit checks had been inconsistent during the last six months and not been kept up to date, which increased the risk that any issues or problems might not be quickly identified and resolved. We raised this matter with the registered persons who said that they had already recognised the shortfall that had resulted from senior staff having to cover for colleagues who had previously left the service. The registered persons told us and documents confirmed they had worked with the office supervisor and reviewed and strengthened their audit processes in order to address these shortfalls.

The registered persons also told also us they invited people to directly contribute their views of the service through the use of questionnaires which were periodically sent out to people and staff to complete and return. However, there was limited information and detail about the frequency of these surveys and how many of the questionnaires that had been sent out to people and staff had been returned. There was also no information to confirm if any resulting actions and changes had been needed from the feedback received. The registered person showed us they had produced a feedback matrix which had been introduced to ensure questionnaires were routinely sent out to people, staff and other health and social care professionals every three months. They said this approach was more structured and they were using all feedback received to inform and sustain the continuing development of the services they provided.