Nottingham Assured Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
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 an announced inspection of the service on 12 October 2017. Nottingham Assured Home Care Ltd is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 20 people. At the service's previous inspection in December 2014 the service was rated as Good. However, during this inspection we identified concerns that have resulted in the rating of this service being amended to Requires Improvement.

On the day of our inspection there was a registered manager in place. 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.

Staff had not always been recruited safely. The required number of references were not always in place before staff commenced work. Staff had received training in the safeguarding of adults but this was out of date for five of the six staff employed by the service. The risks to people's safety were assessed and, although brief in detail, provided staff with guidance needed to reduce the risk to people's health and safety. Sufficient staff were in place to support people safely. People required minimal support from staff with their medicines.

Staff training was not up to date. Five of the six staff required refresher training in key areas such as safeguarding of adults, moving and handling and medication. Supervisions were carried out approximately every six months. The registered manager agreed the frequency of these needed to increase to ensure staff competency was regularly reviewed.

People had the ability to make their own decisions; however the registered manager was aware of the principles of the Mental Capacity Act (2005) and how they should be adhered to support people in their best interest. People were supported to maintain good health in relation to their food and drink intake. People felt their day to day health needs were met by staff.

People found the care staff to be kind, and caring; they understood their needs and listened to and acted upon their views. People felt the care staff treated them with dignity and respect. People were involved with decisions made about their care and were encouraged to lead independent lives. People were not provided with information about how they could access independent advocates.
Personalised care planning documentation was in place and contained guidance for staff to enable them to support people in the way they wanted. Information recorded in people's care records relating to their day to day routines was detailed. People felt staff would respond appropriately if they made a complaint.

Current quality assurance processes were not always effective in ensuring that staff were appropriately trained. People's views on developing and improving the service were regularly requested and acted on. Processes were in place to ensure notifiable incidents were reported to the CQC. Staff understood how to

report serious concerns via the provider's whistleblowing policy.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff had not always been recruited safely. The required number of references were not always in place before staff commenced work.

Staff had received training in the safeguarding of adults but this was out of date for five of the six staff employed by the service.

The risks to people's safety were assessed and, although brief in detail, provided staff with guidance needed to reduce the risk to people's health and safety.

Sufficient staff were in place to support people safely.

People required minimal support from staff with their medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff training was not up to date. Refresher training in key areas such as safeguarding of adults, moving and handling and medication was required.

Supervisions were carried out approximately every six months, although the frequency of these needed to increase to ensure staff competency was more regularly reviewed.

People had the ability to make their own decisions; however the registered manager was aware of then principles of the Mental Capacity Act (2005) and how they should be adhered to support people in their best interest.

People were supported to maintain good health in relation to their food and drink intake. People felt their day to day health needs were met by staff.

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Is the service caring?

Good

The service was caring.

People found the care staff to be kind, and caring; they understood their needs and listened to and acted upon their views.

People felt the care staff treated them with dignity and respect.

People were involved with decisions made about their care and were encouraged to lead independent a lives.

People were not provided with information about how they could access independent advocates.

Is the service responsive?

Good

The service was responsive.

Personalised care planning documentation was in place and contained guidance for staff to enable them to support people in the way they wanted.

Information recorded in people's care records relating to their day to day routines was detailed.

People felt staff would respond appropriately if they made a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Current quality assurance processes were not always effective in ensuring that staff were appropriately trained.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually.

People's views on developing and improving the service were regularly requested acted on.

Staff understood how to report serious concerns via the provider's whistleblowing policy.

Nottingham Assured Home Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on the 12 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager and their staff would be available.

The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However at the time of the inspection this had not been forwarded to us. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

At the provider's office we reviewed the care records for four people who used the service. We also looked at a range of other records relating to the running of the service such as quality audits and policies and procedures. We spoke with two members of the care staff and the registered manager.

After the inspection we contacted six people for their views about this service. Three people spoke with us and told us about their experiences of using this service. We also spoke with one relative.

Requires Improvement

Is the service safe?

Our findings

Processes were not always in place to ensure that staff were always recruited safely. We looked at the recruitment files for six staff. All of these contained documentation such as proof of identity and a criminal record check. However, three of the files did not contain two references for each staff member. References are normally requested from previous employers and/or people who have known the person for an agreed length of time. This enables the provider to assure themselves that the person they are wishing to employ is of sufficient character to work with vulnerable people. The registered manager assured us that they had no concerns with their staff but agreed that two references should have been in place before they commenced work. They advised us they would address this.

The risks to people's health and safety had been discussed with them or their relative prior to the person receiving support from staff. Care plans and risk assessments were then put in place to provide staff with the information they needed to support people safely. Whilst the information recorded in some of these assessments was brief, staff told us that they had sufficient information to help them identify the risks when supporting people and to help them to reduce the risk of people coming to harm. People also told us they felt safe when staff supported them.

Processes were in place to reduce the risk of people experiencing avoidable harm. A safeguarding policy was in place. Staff had received safeguarding of adults training, although for five of the six staff employed, this was out of date. Processes were in place that ensured the CQC would be notified of any safeguarding incidents where a person's safety had potentially been at risk. Staff spoke knowledgeably about who they would speak to if they had any concerns for people's safety.
The registered manager told us people had not been involved in an accident or incident that required their investigation, but they had the processes in place should they be required to do so.

People told us when staff came to their home they or their family members felt safe. One person said, "I have no concerns at all, they are all very nice to me and put me at ease."

Protocols were in place that were intended to keep people safe. This included the process staff should follow if a person was not in or did not answer their door when a member of staff arrived at their home.

People told us staff arrived on time and stayed for the agreed length of time at each visit. One person said, "They may be a minute or two late, but I'm never sat here waiting for long." Another person said, "They are always here when I need them." People told us calls were never missed and if a staff member was going to be late, then they were always notified. This made people feel reassured and valued.

The registered manager told us that by keeping the number of people it supported low, they were able to maintain a small but consistent team of staff to support people. This also meant staff worked flexibly, were able to cover shifts when people were ill or on leave resulting in no agency staff being used. People welcomed seeing regular staff at their homes. A staff member we spoke with told us they felt able to get to know people well due to them seeing the same people each day.

People told us they or their relatives managed their medicines and staff offered support such as reminding people to take their medicines when they were in their home. The registered manager told us as staff did not administer people's medicines they did not use formal medicine administration records to record when a person had taken or refused to take their medicines. They told us, and records showed, that when staff reminded and/or prompted people to take their medicines they recorded this in the person's daily records. We noted that it was not always made clear within people's care records whether they were able to administer their own medicines and the registered manager agreed to make this clearer in people's records.

Requires Improvement

Is the service effective?

Our findings

Although staff had completed training in the areas the provider deemed mandatory, there was no process in place for ensuring that this training was up to date. We looked at the training records for all six staff members. Five of them had training in key areas such as safeguarding of adults and moving and handling that required refresher training. Three of these staff had not received moving and handling training since 2014, with the other two in early 2016. Similarly, medication training and the safeguarding of adults also required refresher courses to be completed. It is good practice for these courses to be renewed annually to ensure staff provided care and support in line with best practice guidelines.

The registered manager told us they had an on-line training programme in place which showed when staff training was due for renewal. We looked at this system and it clearly showed training for these five members of staff was now out of date, yet the registered manager had not ensured staff completed the training. The registered manager was unable to explain why staff had not completed this training. This placed people at risk of receiving unsafe care.

The provider had not ensured staff received appropriate training as is necessary for them to carry out the duties they were employed to perform and this is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities).

Staff told us they felt supported by the registered manager and were able to discuss any concerns they had about their role. Records showed staff received supervision of their role approximately every six months. The registered manager told us they would like to carry out these supervisions more often, however because they too carried out a caring role as well as managing the service, they were not able to do so. They told us they would review their staffing rotas and ensure sufficient time was in place that enabled them to regularly assess the competency of their staff's performance.

Prior to commencing their role, staff completed an induction that included information about how to report concerns about people's health and safety, safety in people's home and risk assessments. We asked the registered manager whether any of their staff had completed the Care Certificate as part of their induction. Although not mandatory, the Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that can be covered as part of induction training of new care workers. The registered manager told us staff had not completed this and they had limited knowledge of the Care Certificate and how it could benefit both their staff and the service. They told us they would familiarise themselves with the Care Certificate and would consider using this for new members of staff.

People told us the staff who supported them understood their needs and cared for them effectively. One person said, "The staff know me well, they know what I want and what I don't."

The people we spoke with did not raise any concerns in relation to staff doing things without their consent. People's records showed before they commenced using the service, the care and support to be provided

had been agreed with them, with some people signing their care records to say they agreed.

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.

People's records showed they had the capacity to make decisions for themselves. The registered manager told us staff were aware of the principles of the MCA and would advise them if people's ability to consent changed. The staff we spoke with were able to explain how they supported people to make decisions for themselves and respected the decisions they made.

The people we spoke with were able to manage their own meals or received support from relatives. One person told us the staff would ask if they have had a meal which reassured them that staff cared about their well-being.

People's care records contained guidance for staff on how people wanted support with their daily meals and drinks. People's preferred breakfast, lunch and evening meals were recorded and people's daily records showed these were provided for them. Where people required support with eating their meals, again daily records showed this was provided.

People's day to day health needs were monitored by the staff. People's daily general health and wellbeing was recorded in log books, which were regularly reviewed by the registered manager. We viewed these log books and found them to be well completed, giving a detailed overview of the care and support provided each day for each person. The people we spoke with told us staff managed their health needs well.

Good

Is the service caring?

Our findings

People told us they liked the staff who came to support them in their home and found them to be kind, caring and compassionate. One person said, "They are all lovely, they are like friends to me."

A relative told us they felt reassured that competent, friendly and compassionate staff supported their family member and they felt they made a positive impact on their lives. The relative described how the registered manager, who was also the member of staff who cared for their family member made them both feel. They said, "[My family member] took to the manager straight away and said she was, 'Really lovely'. I felt comfortable with her straight away."

The staff we spoke with told us they enjoyed their jobs and felt able to make a real difference to people's lives. One staff member said, "It's not a job to me. I just enjoy seeing people."

People's care records contained information about their likes and dislikes, their areas of interest and life history. People were involved with their care planning from the outset. The registered manager told us decisions were made, "with people not for people" and "if people want to change anything about the care we provide for them then they only have to tell us." We saw regular reviews were carried out with people to ensure that the care provided met their current wishes and needs. Where people had expressed a wish to change anything about their care the registered manager told us they did everything they could to ensure it could be done for them. This, for example, sometimes resulted in changes to the times people wanted staff to call at their home and this was accommodated due to the flexible nature of the staff.

People's religious needs were discussed with people before they commenced using the service and during subsequent reviews thereafter. If people needed support or had specific requirements when staff came to visit them in their homes, the registered manager told us staff would ensure this was provided. However, to date there were no specific religious needs that needed accommodating.

People told us they had formed positive relationships with staff, one person described them as their "friends". When we spoke with staff about the people they supported they spoke positively, knowledgeably and respectfully. One staff member said, "I like my job, but I don't see it as a job. I just really like going to help people." People told us they felt staff always treated them with dignity and respect and they always respected their privacy. One person said, "They always treat me with respect." A relative said, "[My family member] told me staff respected their privacy by not entering the room when they were in the shower but were available if needed. [My family member] was incredibly pleased with the care and support they got."

Care records contained information about people's ability to do things for themselves; this included their ability to undertake personal care tasks, prepare their own food and to mobilise around their home. Staff spoken with were aware of each person's capabilities and could explain how they supported people. People felt staff supported them to be independent. One person said, "They never just do things for me, they always ask first and let me do things for myself wherever I can."

Information was not currently available for people if they wished to contact an independent advocate. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. The registered manager told us that although there had not been the need for people to use an advocate as they had family to support them, they would still ensure that this information was made available for them.

People's care records were treated respectfully when stored in the provider's office. Locked cabinets were used to ensure people's records could not be accessed by unauthorised people.

Good

Is the service responsive?

Our findings

Prior to people using the service, an assessment was carried out to ensure their needs could be met by staff. The information gathered from these assessments was then transferred to individualised, person centred care plans. We noted that these care plans included information about the areas of support people needed such as; their mobility, medication and their mobilising around their home. Some of these care plans were quite brief, however, upon speaking with the staff and with people who used the service it was concluded that people received the care and support they wanted in the way they wanted it.

People told us they received their care how they wanted it. One person said, "I told them [staff] what I wanted from the start and they still do what I want now."

People's care records did contain detailed information about their preferred daily routines. This included the time of day they wanted staff to call, when they liked to get up or to go bed, the support they needed with choosing clothing and their preferred choice of meals. The staff we spoke with told us they found the care planning documentation useful when trying to understand how to provide people with the care and support they wanted. One staff member said, "The care plans give me what I need to help people, but I find taking the time to have a chat and see what they want each day is the most important thing."

The majority of the people supported by the service did not receive assistance with their hobbies or interests as part of their care package. However, people were supported with some domestic tasks outside of the home. For example, one person was regularly helped by staff to do their shopping. People told us that although staff did not generally support them with social activities, they looked forward to the visits from the staff and welcomed the conversations they had. One person said, "They always take the time to have a chat and ask how I am. We have talk about the day's going on and the news."

People and their relatives were provided with the information they needed if they wished to make a complaint. We saw people were provided with a service user guide that explained the process for reporting concerns both internally, and to external organisations such as the CQC or the local authority. We noted the complaints procedure still contained the provider's previous address which would make it difficult for people if they wished to make a formal complaint in writing. We also noted the contact details for the Local Ombudsman (LO) were not included. The LO is the final stage for complaints about all adult social care providers. The registered manager told us they would address this and make the amendments to the complaints procedure.

People and their relatives told us they felt confident their complaints would be acted on by the service; however none had felt the need to make any formal complaint. One person said, "I've never needed to complain but I know the manager would sort anything for me, she's lovely."

The registered manager told us they had not received any formal complaints, but they had the processes in place to ensure if they did, they would be dealt with in line with the provider's formal complaints policy.

Requires Improvement

Is the service well-led?

Our findings

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. The rating for well led is limited to Requires Improvement due to the provider failing to meet this requirement.

Quality assurance processes were in place. These processes ensured people were able to give their feedback about the quality of the service provided and helped to develop the service. Regular reviews and meetings with people who used the service and their relatives were held to determine their views and to act on them. However, these processes were not effective in ensuring that staff training needs were identified and acted on in good time. The registered manager told us they would review their processes and would identify more time for them and a senior member of staff to address any areas for improvement, such as the frequency of the training, and would then put plans in place to act.

People, the relative we spoke with and staff told us they had a good relationship with the registered manager and found her approachable, kind and supportive. One person said, "She is like a friend to me." A staff member said, "It's great that she does some calls herself, she knows what the job is and we can talk to her about it."

We found the registered manager to be passionate about their role and to improving the lives of all of the people they and their staff supported. The registered manager described themselves as "hands on" and carried regular caring duties. They acknowledged that the time spent supporting people rather than in their office had led to some of the issues identified during this inspection. They told us they regarded it as important that they were able to carry out caring duties alongside their managerial duties, but agreed they had not yet got the balance right. They told us they would carry out a review of their own role and how their time could and should be used more productively.

The registered manager was aware of their responsibilities as part of their registration with the CQC to ensure we were informed of any reportable incidents. These include reporting serious injuries, allegations of abuse and events that could stop the service running appropriately. The registered manager told us that due to the service having a relatively small number of people there had not yet been the need to inform the CQC of any notifiable incidents.

People were supported by staff who understood the whistleblowing process was in place. A whistleblower is a person who raises a concern about a wrongdoing in their workplace or social care setting. The staff we spoke with felt able to report any concerns they had to the registered manager of the provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 – Staffing The registered person had not ensured persons employed by the service in the provision of a regulated activity had— (a) received such appropriate training to enable them to carry out the duties they were employed to perform.