

Naswell Care LTD

Adamson House Business Centre

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

The inspection took place on 10 November 2016. The last inspection took place in September 2014. There were no breaches of regulation at that time.

Adamson House Business Centre also known as Naswell Care is a small domiciliary care agency that offers support to people living with attention deficit hyperactivity disorder (ADHD), learning and physical disability and autism who are being supported in their own homes.

There was a registered manager in post. 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.'

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. People were protected from the risk of abuse. Staff had received training in this area. There were sufficient numbers of staff to ensure people received the support they required. Where required, medicine administration, recording and storage was safe.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA). Where required, people were supported to meet their nutritional needs.

The service was caring. People and their relatives spoke positively about the staff. Staff demonstrated a good understanding of respect and dignity. It was evident people were receiving a service which was personalised to their individual needs.

The service was responsive. Care plans were person centred and contained sufficient detail to enable staff to provide safe and quality care to people. People and their families informed us they were involved in the planning of their care. There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was not always well-led. Quality assurance checks and audits were not taking place. Staff, people and their relatives spoke positively about the registered manager. The service endeavoured to seek the opinion of those using the service, their families and staff through regular surveys.

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.

Risk assessments were implemented and reflected the current level of risk to people.

People were protected from the risk of abuse. Staff had received training in this area. .

There were sufficient numbers of staff to ensure people received the support they required.

Where required, medicine administration, recording and storage was safe.

Is the service effective?

Good ●

People were receiving effective care and support.

Staff received appropriate training which was relevant to their role.

Staff received regular supervisions and appraisals.

The service was adhering to the principles of the Mental Capacity Act 2005 (MCA).

Where required, people were supported to meet their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the staff.

Staff demonstrated a good understanding of respect and dignity.

It was evident people were receiving a service which was personalised to their individual needs.

Is the service responsive?

Good 

The service was responsive.

Care plans were person centred and contained sufficient detail to enable staff to provide safe and quality care to people.

People and their families informed us they were involved in the planning of their care.

There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Quality assurance checks and audits were not taking place.

Staff, people and their relatives spoke positively about the registered manager.

The service endeavoured to seek the opinion of those using the service, their families and staff through regular surveys.

Adamson House Business Centre

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 10 November 2016 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people. The inspection was carried out by one adult social care inspector. At the time of the inspection, there were 16 people using the service.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We did not request 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 planned to make.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice. You can see their feedback in the main body of the report.

During the inspection we spoke with five people using the service and looked at the records of five people and those relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with four members of staff and the management team of the service. We spoke with five relatives to obtain their views about the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. People stated "I have received a good service". Another person stated "I feel safe around the carers". One relative stated "They do a good job and provide good care".

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, moving and handling and environmental risk assessments of people's homes. This involved working closely with other professionals such as, occupational therapists, physiotherapists, social workers and community nurses. For example, one person was at risk of developing infections in their mouth. There were clear guidelines for staff to ensure this person maintained their oral hygiene in line with guidance from their GP. Another person had ulcers on their legs. There was a specific risk assessment around this to support healing. We saw evidence of staff following guidelines and supporting this person to manage the condition. There was evidence of people's risk assessments being reviewed regularly to ensure changing levels of risk were identified and people received the correct support from staff. The staff we spoke with told us they felt the risk assessments contained sufficient detail to enable them to provide safe care.

The provider had implemented a procedure to ensure people were protected from abuse and improper treatment. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or team leaders. Staff we spoke with informed us there was an open culture and felt confident reporting concerns to the registered manager. Staff told us all concerns were taken seriously and prompt action was always taken when concerns were identified. Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. Any issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency checked annually to ensure they were aware of their responsibilities and understood their role.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to support people. Staff worked on a rota basis covering day and evening shifts. The registered manager informed us there was an on call system to respond to emergencies and cover staffing shortages. The registered manager informed us people were given copies of the staff rota so they were aware of who would be supporting them. This was confirmed to us by the people we spoke with. People informed us they would be notified promptly if there were any changes to the staffing rota. The registered manager also told us that they used a call monitoring system to ensure staff were staying with people for the allocated time.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed by the service. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to

check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included a uniform, gloves and aprons. Staff informed us they could obtain this from the agency office. Staff had been trained in the prevention and control of infection.

Is the service effective?

Our findings

People said their needs were met. One person said "The staff are good at what they do". Another person said "All of my staff are fantastic". Relatives also said the service met people's needs.

Staff had completed an induction when they first started working for the provider. This was a mixture of shadowing more experienced staff and formal training. These shadow shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. Staff also told us they had a 15 minute handover before each shift they worked so they could receive an update regarding the person they would be supporting.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid, food hygiene and fire safety. The registered manager informed us that in order to ensure training was effective and met the learning needs of staff, there would be a competency assessment at the end of each training session to gauge staff learning. Staff told us if they had any questions regarding any training, they could approach the registered manager and discuss these.

The registered manager told us how they used initial meetings with people to discuss their needs and preferences in relation to staff. These would then be used to ensure suitable staff were allocated to work with that person. We were shown how one person had requested staff from the same religious background as themselves and this reflected in the staff allocation process. The person told us their request was listened to and suitable staff were provided. Another person had requested staff to be of the same gender as themselves and this was provided.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and they could discuss any issues with the management who were always available. The registered manager informed us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with stated they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training

records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of people's capacity. Where required, people had assessments regarding their capacity to make decisions and these were clearly recorded in their care files.

Where required, care records included information about any special arrangements for meal times. People who had special dietary requirements had their specific needs clearly detailed in their care plans. For example, one person was unable to eat certain types of food and this was clearly reflected in their care files. Another person had specific religious dietary requirements. These were clearly detailed in their care plan and we were shown evidence of how this person and their family were involved to identify a local meat supplier of their choice. When speaking with this person and their family, they informed us staff were well aware of their dietary requirements and staff were supportive in enabling them to meet their dietary needs.

Is the service caring?

Our findings

It was evident that people were cared for with compassion and kindness. Staff wanted people to be happy and live a life that was meaningful and fulfilling. People we spoke with told us staff were caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. They used words such as 'Kind', 'Compassionate' and 'Caring' to describe the staff. One professional told us "Staff go the extra mile to support people". Staff were positive about the people they supported. One member of staff stated, "I really like working here".

People were involved in planning their care and support. We saw information about personal preferences, and people's likes and dislikes. The registered manager informed us they would meet with each person and their representatives to assess their care needs and develop a care plan before the service commenced. The registered manager told us this meeting was also used to get to know people and their personal preferences. People and relatives we spoke with confirmed they had been involved in planning their care.

It was evident from talking with people that staff had listened to them and had worked hard to provide the level of support required by people. For example, one person informed us staff would discuss their care with them during each call to determine if the person wanted something to be done differently on any particular day. The person informed us this made them confident their care needs would be met according to their preferences on a daily basis.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. Care files identified any areas of independence and encouraged staff to promote this. For example, one person was able to wash their hair independently and this was reflected in their care plan. When speaking with staff, they were aware of this person's level of independence and were able to demonstrate how they would support this person to maintain their independence.

Staff treated people with understanding, kindness, respect and dignity. Staff demonstrated a good understanding of dignity and respect. Staff told us how they would seek consent from people before they commenced any care and demonstrated how they would ensure people's privacy was maintained at all times when supporting them with personal care. Staff informed us it was very important to listen to people and respect their choices. This was also evident in care files. For example, there were instructions for staff to give choice to people to choose their daily meal. This was also confirmed to us by people we spoke with. One relative informed us "They give him (person using the service) a choice with all of his meals".

It was evident from speaking with the registered manager, staff and people using the service that a considerable effort had been made to promote people's religious beliefs. For example, where people indicated they wanted to participate in religious activities, this was clearly recorded in their care files and where required, support had been made available for the people to participate in their religious activities.

Staff spoke positively about the service. One said, "I really like working here". Another member of staff said,

"I am very proud to be working here. We have a great team". People told us they would recommend the service to others.

Is the service responsive?

Our findings

The service was responsive to people's needs. Throughout our inspection we saw the service was person centred. This was achieved through working in partnership with the person, their families and other health care professionals.

Care records were held at the agency office with a copy available in people's homes. Each person had a care plan and a structure to record and review information. The care plans detailed individual needs and how staff were to support people. Care plans included people's likes, dislikes, their hobbies and interests. Staff said the care plans held in people's homes included a high level of detail to enable them to provide safe care to people. Each care file had daily notes which contained information such as what care was provided, details on people's emotional well-being, whether any medication had been administered, whether people had engaged in any activities and where required, people's nutritional intake. The registered manager informed us this was very important as it meant if a different carer were to visit a person they could read the notes and be well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least annually and more frequently if any changes to their health were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files. Staff informed us the registered manager ensured any updates to people's care files were reflected accurately in both copies.

The people we spoke with indicated that they were happy with the staff who supported them and felt they could raise any concerns they had. One person said "I will tell the carers if I have any concerns or I can call the office directly. There is always somebody on the other end of the phone". Another person said "They (the management) listen to me and will take action to resolve any issues". One person said "She (registered manager) will do her best to answer any questions".

Complaints and compliments were managed well. Where complaints had been received there was evidence these had been dealt with effectively and had resulted in positive outcomes for people.

Formal feedback was provided to the registered manager complimenting the care provided. One person stated "Thank you so much for the time and quality of care you are putting into X (person receiving support). My dad and I, along with the rest of the family are chuffed to bits with what you have achieved with him in this short space of time".

Staff members we spoke with informed us feedback received from people was shared with the staff and they found this to be motivating as it reassured them they were doing a good job. Staff said they used any complaints as part of their personal development to ensure they took learning from issues raised in order to provide a better service in the future.

We spoke with the registered manager about arrangements for ensuring a consistent approach was maintained for people who moved to the service from a different care provider. The registered manager told us they would meet with the person, their family, any professionals involved in their care and the existing provider to discuss their individual needs. This would then be followed up with care calls where staff from Adamson House would work alongside the existing provider to get to know the person better and ensure there was a smooth transition between care providers.

Is the service well-led?

Our findings

The service was not always well-led.

We could not be satisfied that there were sufficient quality assurance systems in place at Adamson House. For example, there were no records of any audits having taken place. Although the registered manager carried out direct observations of staff practice and also spot checks of staff, there were no written records of any other audits having taken place. The registered manager and owners informed us they were planning to implement these but they were not in place at the time of the inspection.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Staff spoke positively about management and told us management were keen to ensure staff were well supported. Staff told us they felt they could discuss any concerns they had with management. Staff used words such as "Approachable" and "Easy to work with" to describe the management team.

The staff described the registered manager and deputy manager as being "Hands on". We were given examples of when the registered manager and deputy manager would go out on care calls in emergencies to support staff. Staff we spoke with told us they felt morale amongst staff was high and this was down to good leadership from the management team. One person said "It is important for the staff to know the managers will get involved. It helps with morale".

Staff informed us there was an open culture within the service and management listened to them. There were regular staff meetings which were used to enable staff to make suggestions as to how the service could be improved. For example, one member of staff told us how they had raised concerns about one person become isolated in their home. The member of staff told us how the registered manager had met with the person and their family to discuss activities in the community to increase this person's level of social interaction.

We discussed the value base of the service with the provider, registered manager and staff. It was clear there was a strong value base around providing high quality care to people and to maximise people's opportunity to remain living in their own home.

There was a clear contingency plan to manage the service in the absence of the registered manager. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the provider was able to outline plans for short and long term unexpected absences.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

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 17 HSCA RA Regulations 2014 Good governance Audits of the service had not been completed. Regulation 17 (2) (a)