

Richard Norman Care Coordinators Ltd

Richard Norman Care Coordinators

Inspection report

40 Dennett Road
Croydon
CR0 3JA

Tel: 02085283339

Date of inspection visit:
04 June 2019

Date of publication:
15 July 2019

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?

Good ●

Summary of findings

Overall summary

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:

This inspection was carried out by one inspector.

Service and service type:

Richard Norman Care Coordinators is a domiciliary care agency. It provides personal care to people living in their own homes. It provides this service to older and younger adults, some of whom presented with physical disabilities. 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 manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: before the inspection

We reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During our inspection

We spoke with two people, one relative, two staff and the registered manager. We reviewed the care records of five people and files of three staff which included recruitment, supervision and training records. We also reviewed records related to the management of the service.

After the inspection

We requested additional information about the provider's quality audits from the registered manager and contacted two health and social care professionals for their views regarding the care and support being provided to 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?

Good ●

The service was 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.

Richard Norman Care Coordinators

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:

This inspection was carried out by one inspector.

Service and service type:

Richard Norman Care Coordinators is a domiciliary care agency. It provides personal care to people living in their own homes. It provides this service to older and younger adults, some of whom presented with physical disabilities.

The service is required to have a registered manager. 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. At the time of our inspection, a manager was registered with us.

Notice of inspection:

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

What we did:

Before our inspection we reviewed information we held about the service. This included notifications the

provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with two people, one relative, two staff and the registered manager. We reviewed the care records of five people and files of three staff which included recruitment, supervision and training records. We also reviewed records related to the management of the service.

After the inspection we requested additional information about the provider's quality audits from the registered manager and contacted two health and social care professionals for their views regarding the care and support being provided to people.

Is the service safe?

Our findings

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

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

Staffing and recruitment

At our last inspection people did not always receive their care visits as planned. The provider had made improvements.

- There were enough staff available to deliver care and support at the times agreed. One person told us, "They are always on time."
- People were supported by staff who the provider assessed to be suitable. The registered manager recruited staff through procedures which included interviews, references and criminal records checks. Where required the registered manager undertook risk assessments to satisfy themselves that staff were safe to work with people.
- New staff completed a probation period at the end of which the registered manager made a decision regarding their suitability to continue to deliver care and support.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding procedures in place to protect people from abuse.
- Staff received training around safeguarding and told us they would report any safeguarding concerns they had to the registered manager.
- The provider participated in safeguarding strategy meetings when concerns were raised and implemented actions as directed by the local authority safeguarding team.

Assessing risk, safety monitoring and management

- The registered manager supported people to reduce the risk of experiencing avoidable harm by undertaking risk assessments. People's risk assessments covered their home environments, equipment and appliances, medicines, mobility and food safety.
- Where risks were identified, care records explained how they would be managed. For example, people at risk of malnutrition or dehydration were supported to have their weight and intake monitored, with any concerns reported to the registered manager.

Using medicines safely

- People received their medicines as prescribed.
- Care records made clear who was responsible for the administration of people's medicines and whether people self-medicated or were supported by relatives or staff.
- Where people self-administered medicines risk assessments were in place.
- The registered manager audited people's medicines and medicine administration records (MARs) monthly.

Preventing and controlling infection

- People told us that staff wore personal protective equipment (PPE) when providing support with their personal care.
- PPE included disposable gloves and aprons which reduced the risk and spread of infection.

Learning lessons when things go wrong

- The registered manager took action after following a review of situations when things had gone wrong. For example, the registered manager told us that following one incident the service learned to respond more quickly and decisively to staff reports of slight changes in people's health needs. This resulted in more timely referrals to health and social care professionals to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the provider and health and social care professionals. Assessments included people's physical and mental health, mobility, nutrition and personal care needs.
- People and their relatives were involved in needs assessments.
- Needs were reassessed when people's needs changed.

Staff support: induction, training, skills and experience

- The provider deployed trained staff to provide people with care and support. Staff training was on-going and included refresher training to keep skills and knowledge up to date.
- The registered manager provided new staff with an induction. This included shadowing experienced colleagues as they delivered care and support to people and familiarising themselves with people's needs and care records. New staff were issued with a staff handbook which provided them with information about the providers policies, procedures and values.
- Staff were supervised in their roles by the registered manager who retained records of one to one supervision meetings with staff. These meetings were used to discuss people's changing need and staff development.

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

- People received the support they required to eat and drink in line with their assessed needs.
- Staff followed people's care plans which included their eating and drinking preferences.
- Care records stated who was responsible for the preparation of people's meals. This meant people, relatives and staff were clear about their roles in supporting people to eat and drink healthily and sufficiently.

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

- The registered manager and staff liaised with other agencies when required to ensure that people's needs were appropriately met.
- When people's needs changed the registered manager made referrals to healthcare professionals and staff followed the guidelines they provided.
- Staff liaised with healthcare professionals such as GPs and community nurses when they visited people's homes.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People signed their care records to consent to their care and support they received.
- Where appropriate, people were supported with capacity assessments to confirm their decision-making ability to make specific decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us that staff were kind and caring. One person told us, "We are really happy with the care we receive." A relative told us, "They are good and care about how my [family member] is doing. They want her to do well."
- People received their care from regular staff. The consistency of this arrangement enabled positive relationships to develop.
- People's cultural and spiritual preferences were noted in care records. For example, one person's care records noted that they liked to observe Easter and Christmas.
- Care records noted what was important to people. For example, one person's care records stated how important their pets were to them.

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

- People told us they made decisions about the care they received. One person told us, "We get the care at the time we want it. I have no plans to change the agency at all."
- People had access to information about the provider. The registered manager provided people with a service user guide. This included information such as the services available from the provider, information about staff and how to make complaints.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and ensured that personal care was delivered in a way that maintained their dignity.
- People were encouraged to maintain their independence by performing the tasks they were able to. People's assessments and care plans provided staff with information about people's independence with everyday living activities.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had individualised care plans in place which detailed how their needs should be met.
- People, and where appropriate their relatives, participated in the creation of care plans.
- The registered manager supported people with reviews of the care plans when their assessed needs or preferences changed.
- Where people's assessed needs changed the registered manager liaised with funding authorities to ensure the appropriate level of care and support was available.
- People's care plans noted where people received services from the provider in addition to personal care, such as shopping and cleaning. This meant people, relatives and staff were clear about people's agreed support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed.
- The provider made information available to people in ways they were assessed as understanding.

Improving care quality in response to complaints or concerns

- The provider had a detailed complaints policy in place and people received information about the complaints procedure in a service user guide.
- The registered manager investigated complaints and provided a written response to complainants in line with the timeframe stated in the provider's complaints policy.
- Where appropriate the registered manager wrote full and frank apologies to complainants.
- None of the people or relatives we spoke with had made complaints because, they told us, they had been consistently happy with the service they received.

End of life care and support

- None of the people currently receiving care and support from Richard Norman Care Coordinators were identified as requiring end of life care.
- The registered manager told us that if people's needs changed and end of life care was required they would continue to provide support by liaising with healthcare specialists and adhering to people's preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the time of our last inspection we found appropriate measures were not in place to review and prevent incidents relating to missed and late care visits. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had reduced the number of people it delivered care to and the size of geographical area in which it did this. In addition, the provider had fully migrated its systems to electronic call monitoring to improve management oversight in real time. People told us they received their care visits on time from regular staff.
- People and their relatives knew the registered manager and spoke positively about her.
- The registered manager understood their responsibility to submit notifications to CQC in a timely manner to keep us informed about significant events taking place at the service.
- The service had quality assurance processes in place which the registered manager was in the process of improving at the time of our inspection. We will continue to monitor these improvements.
- The registered managers' audits included people's care records and staff support including supervision and training.
- The service was led by a registered manager who was supported in their role by a senior member of staff.
- Staff were clear about their roles and what was expected of them by people and the registered manager.

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

- The registered manager carried out customer service reviews. These were surveys which were used to gather people's views about their experience of receiving care and support from Richard Norman Care Coordinators. These surveys asked people questions including whether they received support in line with their care plans and at the times they preferred.
- Staff completed an annual questionnaire at which they gave feedback on areas included their enjoyment of their roles, the training they received, organisational communication and where staff felt they were treated respectfully.
- The registered manager arranged and chaired team meetings for staff every two months. We reviewed the

minutes of four team meetings which showed discussions taking place around record keeping, logging in and out of people's homes, the importance of wearing uniforms and of good communication with colleagues. An action plan was developed at the end of each team meeting and reviewed at the following meeting.

Continuous learning and improving care; Working in partnership with others.

- The registered manager carried out spot checks to monitor the quality of care people received. During these unannounced checks the registered manager observed and recorded staff punctuality, care plan awareness, adherence to appropriate medicines administration and food safety practices.
- The registered manager worked cooperatively with health and social care professionals, commissioners and the providers of other services delivering support to people.