

National Care Providers Ltd

15 Nairn Close

Inspection report

Stenson Fields
Derby
DE24 3LU

Tel: 01332496990

Date of inspection visit:
09 May 2019

Date of publication:
05 June 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:

The inspection was carried out by one inspector.

Service and service type:

15 Nairn Close is a domiciliary care service and is registered to provide personal care to older and younger people living in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

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

What we did:

We 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. On this occasion we did not request a Provider Information Return (PIR). 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. However, we gave the provider the opportunity to provide us with information about the service during our inspection.

We spoke with the registered manager who was also the registered provider and one care staff. We reviewed the care records for one person who used the service. We also looked at a range of other records relating to the running of the service including complaints, staff files and quality audits. We also spoke with the registered manager about the action they took to check on quality and safety. Telephone calls to people who used the service were made during our inspection on 9 May 2019. After the inspection the registered manager sent us further information in relation to the recruitment process. We have reviewed these as part of the inspection process.

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.

15 Nairn Close

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

15 Nairn Close is a domiciliary care service and is registered to provide personal care to older and younger people living in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

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

What we did:

We 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. On this occasion we did not request a Provider Information Return (PIR). 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. However, we gave the provider the opportunity to provide us with information about the service during our inspection.

We spoke with the registered manager who was also the registered provider and one care staff. We reviewed the care records for one person who used the service. We also looked at a range of other records relating to

the running of the service including complaints, staff files and quality audits. We also spoke with the registered manager about the action they took to check on quality and safety. Telephone calls to people who used the service were made during our inspection on 9 May 2019. After the inspection the registered manager sent us further information in relation to the recruitment process. We have reviewed these as part of the inspection process.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that supported them.
- People were protected from abuse and avoidable harm because staff understood how to recognise abuse and potential harm.
- Staff received safeguarding training and showed a clear understanding of the different forms of abuse a person may be at risk from. The registered manager knew how to raise a concern with the local authority under agreed safeguarding procedures. Contact details were displayed in the office to ensure these were easily available if they were needed.

Assessing risk, safety monitoring and management

- Where risk had been identified, assessments had been completed to demonstrate how to reduce risk of harm. For example, when supporting people to move or change position.
- People's homes were assessed to identify whether there were environmental factors which could increase risk of harm to them or staff.
- People felt the staff supported them safely and they were involved in how risks were managed.

Staffing and recruitment

- There were sufficient staff employed to meet people's needs. People had a small team of staff who provided their care and they told us they felt comfortable with them and knew them well.
- Safe recruitment processes were used to ensure staff suitable for their role were employed at the service.

Using medicines safely

- There were no people who used the service who currently needed support with medicines.
- Systems and documents had been developed to ensure where people needed support, this could be completed safely.

Preventing and controlling infection

- People confirmed that staff wore disposal equipment such as gloves and aprons when providing care and they had no concerns about how infection control was managed in their home. One relative told us, "I'm pleased with their hygiene standards and have no concerns in this area."

Learning lessons when things go wrong

- The registered manager understood the importance of reviewing incidents to ensure lessons could be learnt and improvements made. The service had been operating for two months and the registered manager continually reviewed the service to ensure developments were made to enhance service delivery. For example, they had employed the services of an external consultant to develop policies and procedures.

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.

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;
Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We checked whether the service was working within the principles of the MCA.
- People made decisions about how they wanted their care and could choose to have family members support them in any decision they wanted to make.
- Staff asked for people's consent before carrying out any care and people felt staff listened to what they had to say.
- The provider had systems in place to reflect best practice guidance. They explained this would be implemented where people potentially lacked capacity and assessments were needed.
- Assessment of people's needs included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination.

Staff support: induction, training, skills and experience

- When new staff started working within the service, they received an induction to enable them to provide support for people safely.
- People were complimentary and positive about the staff who supported them and felt the staff were competent, understood about their needs and what was important to them.
- The registered manager worked alongside staff to ensure they had developed the necessary skills to provide people with effective care.

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

- People who used the service were currently not supported with meals.

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

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

- People's care records included information which would need to be shared with external agencies such as ambulance staff and hospital admission and discharge teams, to assist people to receive effective care and treatment.
- Staff knew people well and relatives told us they retained responsibility for supporting people to meet their healthcare needs and to attend appointments.

- Care plans provided staff with guidance about the support required with a person's health conditions.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. One relative told us, "It's just a small team of staff and we know them and get on with them really well. There is a good banter between them and I'm very happy." They also told us, "The staff always ask me if I need anything else doing."
- People were supported by staff who knew their likes and dislikes and got to know them as a person. People felt it was important to be supported by staff who knew them well. One relative told us, "We were able to recommend staff to provide the support which we really appreciated, as we can trust them, and they know [Name] really well."
- Staff were positive about their work and showed a good understanding of people's needs, routines and preferences.

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

- People were asked about the care and the support they needed when they started using the service.
- People received regular opportunities to discuss the care they received as the registered manager was part of the care team who provided daily support; this enabled any required changes to be discussed and made. One member of staff told us, "It's about working together in partnership and I think we do that really well."
- The registered manager told us that there was no-one currently using an advocate but that discussions were held with people to ensure they were aware of advocacy. Advocates are trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and staff knew the values in relation to respecting people's privacy and dignity. One relative told us, "They are very respectful and always make sure [Name] is covered up when they help them. I have no concerns with how respectful they are." They also told us, "The staff also respect our home."
- As part of the observations of staff practices in people's homes, the registered manager assessed if staff were respectful of people's privacy and dignity.
- People's confidentiality and privacy was protected. Records were stored securely. The registered manager told us they had the processes in place that ensured all records were managed in line the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

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

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

- People were included in planning their own care and support. People had a copy of their support plan and had been involved with its design. People told us they were able to choose when to have their support and had opportunities to change the times they received this.
- The care plans included personal information and a brief history about their life and why they wanted the support. There was detailed information about how to provide any support and what people expected from the call.
- Care plans provided staff with guidance of people's needs, routines and what was important to them in how they received their care. This included people's diverse needs to ensure care was provided sensitively and was individual to the person.
- People confirmed they received care that was personal to them and reflected their preferences and routines.
- When people's care needs changed, the plan was reassessed, and we saw following a stay in hospital, the care was reviewed to ensure the people received the care they needed
- People were supported by regular care staff and people told us this was important to them. Staff were equally very positive about supporting regular people as they believed consistency and continuity gave people a better service.
- The Accessible Information Standard was being met. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. The current information was provided in a format that met people's needs. The registered manager told us they would provide information in alternative formats such as large print or alternative languages if required.
- People were supported to pursue activities and interests that were important to them. The registered manager explained the service had been developed to support people with their interests or when going out; for example, support with shopping. There were no people currently receiving this type of service.

Improving care quality in response to complaints or concerns

- People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed.
- We saw where a verbal concern had been raised, this was recorded and there was a record about how this had been resolved. We spoke with a relative who told us, "I only had to tell them about it and it was sorted straight away and has not happened since." They told us they would not hesitate in raising any concern and was happy with how the registered manager resolved this.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. The registered manager was aware of the importance of developing end of life care plans with people, when they were requiring end of life care.

Is the service well-led?

Our findings

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

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

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

Continuous learning and improving care

- The registered manager had developed systems and processes to check on the quality and safety of the service. Quality checks were carried out on times people received their support visit and daily records.
- Systems and processes were in place that enabled the registered manager to consider lesson learnt.
- The registered manager worked as part of the care staff team to review the quality of care provision.
- Staff felt the registered manager was supportive and approachable, and took time to help them develop their skills, showing an interest in the professional development.
- The registered manager had a good understanding of their role and understood when we were to be notified of reportable incidents.
- The registered manager was committed to developing the service to provide people care that was person centred and delivered good outcomes.
- The registered manager had sought ways to further develop their knowledge in best practice guidance and legislative requirements, including enhancing their own skills to deliver training to staff.

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

- Whilst the staff team was small, staff and the registered manager were clear about their roles, responsibilities and accountability. Communication systems including out of office support and lone working arrangements were working well.
- The registered manager used staff meetings and one to one meetings with staff to share information and keep staff involved in how the service developed. They encouraged staff to share ideas.

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

- The registered manager had developed a system to gain people's views about the service. The service had only been operating for three months and we will review how people's views are sought on our next inspection.

Working in partnership with others

- As a new service, the registered manager recognised how positive links with external health and social care professionals would promote the development of the service and provide support.
- Relatives valued the support and care staff provided and this enabled their relation to remain living in the

community.