

Notaro Homecare Ltd

Notaro Homecare

Inspection report

Top Floor Office
25-31 Boulevard
Weston Super Mare
Avon
BS23 1NX

Tel: 01934422800
Website: www.notarohomecare.co.uk

Date of inspection visit:
05 April 2017
19 April 2017

Date of publication:
19 May 2017

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

This inspection took place on 5 and 19 April 2017 and was announced. We told the registered manager two days before our visit that we would be coming. This was the first inspection for this service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to adults over the age of 18 year old. We only looked at the service for people receiving personal care during this inspection as this is the service that is registered with the Care Quality Commission. Personal care included; assistance with bathing, dressing, meals and medicines. At the time of the inspection the agency was supporting approximately 170 people who received personal care in their own home.

There was a registered manager in post at the time of this inspection. 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 provider at the time of the inspection was not following the conditions on their registration. This was because the service was running two offices. Following the inspection the provider moved the 'live in care service office' back to the main office. The provider's statement of purpose required additional information relating to the live in care service. The registered manager confirmed they would action this.

People felt safe and felt supported by staff who they knew. Care workers knew how to identify abuse and knew who to go to should they suspect abuse. People were supported by staff who had pre-employment checks in place prior to starting work in the service.

People were happy with how staff administered their medicines and staff had received training to enable them to administer medicines safely. Records relating to medicines needed improving as there was no guidelines for staff to follow with where creams should be administered and where. The registered manager took action during the inspection and a new chart was implemented.

There were suitable staffing arrangements in place to ensure people's needs were met. The service identified risks to people's safety and had risk assessments in place to reduce the risk. Incidents and accidents were well managed to prevent similar incidents from occurring again. People felt supported by staff who knew them well and who would call for medical attention should they require it.

People and relatives felt positive about the caring attitudes of the care staff. All confirmed they were happy and that staff treated them with kindness, respect and with dignity. People and relatives felt there was a good standard of care and all were happy with the service. Staff enjoyed working for the agency and were positive about the support they received from the service and management.

People's care and support was planned in partnership with them and regular reviews were undertaken. Care workers had a consistent rota that provided people with continuity of care staff. Most people received a copy of their rota for the coming week.

People were supported by staff who received training in order that they could carry out their roles and additional training relating to people's individual needs was provided. Staff had supervisions and spot checks on their work and all staff felt well supported and happy in their roles. There was a positive culture that was person-centred and that aimed to provide people with good care. People had their feedback sought and all were complimentary about the care workers. The service had a complaints procedure in place.

Quality assurance systems were identifying shortfalls and the registered manager took action when required. The service was notifying us when required.

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.

People felt safe and staff were able to identify types of abuse and what action they would take if concerns were raised.

People were supported by staff who had pre-employment checks in place on their suitability to work with vulnerable adults.

People were happy with how staff administered their medicines and staff had received training to enable them to administer medicines safely.

There were suitable staffing arrangements in place to ensure people's needs were met.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received regular supervision and appraisals.

Staff had received training and additional training in relation to their role to ensure they had the skills and knowledge to support people they cared for.

People made decisions about their care in accordance with current legislation and care plans reflected any lasting decisions in place.

People were supported to see health care professionals when required and the service made referrals to other specialist service if needed.

Is the service caring?

Good ●

The service was caring.

People received care that was good and that staff were kind and caring.

Positive relationships had developed with staff and staff undertook additional help and support which was beyond the persons planned visit.

People felt they their care was provided in a private and dignified manner and that they were able to make decisions and choices relating to their care.

Is the service responsive?

Good ●

The service was responsive.

People felt positive about the support they received and they felt involved in planning their support, which was personal to them.

People were happy and complementary about the experience of the care they received.

People knew how to complain should they need to but all felt they had no reason to complain.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider was not ensuring the service was registered as required.

The provider's statement of purpose required additional information relating to the two offices and the live in care service.

People and relatives were all positive about the care and support provided by the service.

Staff enjoyed working for the agency and were positive about the support they received from the service and management.

The service monitored the quality of the service and shortfalls had been identified through the provider's quality assurance systems.

Notifications were being made as required by law when required.

Notaro Homecare

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 5 and 19 April 2017 and was announced. The registered manager was given 48 hours' notice of the inspection. This is because the location provides a domiciliary care service. The registered manager can sometimes be out of the office supporting care givers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the days of our inspection. The inspection was carried out by one inspector over the two days.

During the inspection we spent time visiting people who used the service and at the service's office. We spoke with the registered manager, an operations executive, one senior and three care workers. We also visited three people, spoke with ten people and three relatives. We reviewed care records for six people who used the service, and looked at the records of four staff and other records relating to the management of the service.

We reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

The service was safe.

Some people were supported with their medicines by their care workers. People felt happy with the support they received from staff in relation to their medicines. One person told us, "Staff help with my medicines. I can't speak highly enough of them. They always remind me and help with lotions and creams". People's medication administration records (MAR) were completed accurately with no unexplained gaps. However we found people's care plans did not contain information relating to where each cream should be administered. We fed this back to the registered manager. They took immediate action and implemented a new recording sheet that identified which cream needed to be administered and where. By having an accurate record relating to what medicines staff administer where is important. This is so staff have clear guidelines to following when administering creams. Staff had completed medicines training and records confirmed this. The registered manager undertook medicines audits every two months. Records confirmed shortfalls and actions taken.

People told us they felt safe using the service and they were treated well. One person told us, "The care staff are always the same, I know them. I feel safe with carers coming in". Another person told us, "They make me feel safe. I know them and I am happy with the care". People and their relatives said they knew who was coming to care for them and staff wore an identification badge and uniform. People and relatives felt if they had any concerns they would call the office or speak to a senior care worker. One person told us, "We have the same four care staff. I can speak to the senior carer if there is a problem. They wear an ID badge and uniform".

Care workers were able to demonstrate their understanding of abuse and the different types. Staff told us, "There are different types of abuse such as financial, neglect, physical and emotional. If I had any concerns I would report it immediately to the office" and "I have received training in safeguarding. Abuse types there is verbal, physical, sexual, mental and neglect. I would go immediately to the superiors ending with CQC". Staff had received training in safeguarding adults. Records confirmed this. The registered manager gave examples of when they had raised safeguarding's and undertaken investigations due to concerns raised. This meant that care workers were familiar with different types of abuse and when a concern had been raised action had been taken.

Recruitment practices were safe. The staff files included evidence that pre-employment checks had been made including police checks (Disclosure and Barring Service or DBS), health screening and proof of their identity. The registered manager confirmed they aimed to gain three references. All staff files we reviewed had pre-employment checks in place.

People had personalised risk assessments. For example, risk assessments included environment risks and any assistance the person required with their mobility. The senior care workers were responsible for undertaking and reviewing risk assessments within people's care plans. People's care plans identified if their home had a smoke alarm, if the person wore a pendant alarm, and where the gas, electric and water

emergency points where in the home. This meant people's risks were identified and staff had guidelines to follow to reduce those risks.

Incidents and accidents were logged and records noted any actions taken to prevent similar incidents from occurring. This meant the service reported incidents and took action to prevent similar incidents from occurring again.

People felt they received support from staff who they were familiar with. However, some people told us they were not always receiving a weekly schedule. Weekly schedules were sent by the service to confirm which care worker was allocated each visit to support the person with their care. Comments we received were mixed. People told us, "I normally get a rota in the post, so I know who is coming". Another person told us, "There is a rota sometimes". And another person told us, "I have had no rota for weeks or an explanation why not". We discussed this feedback with the registered manager who confirmed recently there has been a problem with the computer system and rotas had not gone out as usual. The registered manager confirmed some people and relatives choose to have their rota sent either via email instead of by post. Following the registered manager receiving this feedback they took immediate action to seek people's feedback regarding their rots and added a question to the service questionnaires that were due to be sent to people and relatives.

People's care was allocated through an electronic care system called, "Care planner". This supported the agency to provide people with care and support that was monitored by the office staff. The system showed staff availability, their rosters, contact details and what care and support people required. The 'Care planner' system could be updated by care workers who could send messages whilst at the person's home to update the office of any changes or information. Office staff could also send messages to care workers so that there was good communication between the office and care workers. Staff had access to the 'Care planner' system by an application on their phone. They logged in and out when they arrived and when they left the person's home. One office staff said this worked well as they were able to see if a care worker had not turned up for the person's allocated call.

The office operated within normal office hours. Any out of hours calls went through to an out of hours phone number answered by a senior staff member or manager. One care worker felt this worked well and there was good communication. They told us, "There is always someone on call. A senior or manager. I have only had to call it once and they were very supportive".

Is the service effective?

Our findings

The service was effective.

People benefited from effective care because staff were trained and supported to meet their care needs. Staff told us, "Training is very very good. It covered everything" and "We have a lot of training. I have had Safeguarding, fire, administering medicines, first aid, moving and handling, food hygiene". Staff had received training in safeguarding adults, moving and handling, first aid, infection control, food hygiene and health and safety. Training that was specific to people's needs such as dementia, catheter care and percutaneous endoscopic gastrostomy (PEG) which is a means of someone receiving their food through a tube had also been provided. This meant staff had received training to ensure they were competent and had the knowledge to undertake their role.

Staff who were new to care completed the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff felt well supported and confirmed there was regular supervision. One care worker told us, "They are very supportive. I have supervision around every two months". Supervision included one to one sessions and on the job observational checks whilst care staff were at people's home. This was undertaken by a senior care worker. Observational checks included if the member of staff gave people choice, privacy and respect, if staff were wearing uniform and carrying their identification badge. It also covered any areas for improvement or training required. This meant the service was able to demonstrate they were reviewing care workers practice along with quality of care provided by care workers.

Staff received an annual appraisal. This was a review of the member of staff's performance over the last 12 months. Staff were given the opportunity at their appraisal to reflect on achievements over the last year including any additional support they might require. The member of staff was rated and had an opportunity to set goals they wished to achieve for the coming year. Records confirmed these meetings. This meant staff were receiving an annual appraisal and were being given the opportunity for professional development.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity. Where people had lasting power of attorney decisions in place their care plans gave confirmation of what decision and who the service should contact if there were any further concerns. All people felt the care they received was what they chose. Staff demonstrated examples of how they gained consent before giving care and support. One staff member told us, "I always check with [Name] before I

support them to check if they want a bath or a shower." One relative we spoke with was happy with the care and felt the care was what they wanted. They told us, "We are always having conversations about the care and choosing what we want. It is flexible and we are very pleased with it". Written consent had been sought from people in relation to staff assisting people with their medicines.

Staff supported some people with their meals and drinks. People's nutritional needs were identified and recorded within the person's care plan. For example, one person's required their diet to be modified to a soft consistency. This was confirmed in their care plan. Staff told us they encouraged people to have meals of their choice. One member of staff said, "I give [Name] choice with their breakfast, they like hot milk with weetabix. I also leave fresh bottled water for them throughout the day". This meant people were supported by staff who offered people choice and control with their dietary requirements.

People were supported by staff if there were concerns about people's health. Staff told us if they had concerns about people's health they would let the office know as most people felt able to contact healthcare services independently. People said, "I am able to contact my GP myself if I need them" and "They are very good and will call the district nurse if asked, I only have to ask them". Staff discussed with the registered manager where referrals were required to other health professionals such as physiotherapists and occupational therapists and social workers. This meant staff supported people to obtain medical assistance should their health deteriorate and the service identified and made referrals to other health professionals when required.

Is the service caring?

Our findings

The service was caring.

People and their relatives felt they received excellent care from care workers who had developed positive relationships with them and their families. Comments included, "Very good care" and "Excellent care". Another person told us, care workers are, "Brilliant lovely carers, like friends. The girls chat and laugh and treat us with the highest regards. I have gained friends". Relatives told us, "I can't speak highly enough of them (care workers), they are like extended family".

People and their relatives felt care workers demonstrated a kind and caring manner. One person told us, "They are all very good, kind and caring". Another person described their care workers as, "Kind and caring". One relative described the care workers as, "Very good, very pleased with them. They know exactly what my spouse needs".

People felt supported by staff who were helpful and went the extra mile for people they supported. One member of staff gave an example of how they undertook additional daily tasks for people. The staff member told us, "I also pop to the shops for [Name] and pick up little bits and bobs, like a paper and things". Another member of staff told us, "I help [Name] with their bills and keep them all in order so that family can find them". People and relatives all felt very pleased with the support they received. People told us, "They are very helpful" and "They do odd jobs around the house. The care I get is top class". One relative told us, "They are also approachable. We are thankful for the care and we are very pleased with them".

People's privacy and dignity was respected. People and their relatives all felt care workers provided care in a respectful manner. One person told us, "The carer provides me with dignity and respect whilst washing and dressing, yes". Another person when we asked them if staff provided them with dignity and respect told us, "Yes they do always. They cover myself up and use towels". Staff were able to give examples of how they provided people with privacy and respect. One care worker told us, "I always respect what the client wants. I place a towel over them when washing them and ensure that curtains and doors are shut for privacy". This meant staff were able to demonstrate how they gave people privacy and respect and people and their relatives' confirmed care was received in this way.

People felt involved in making decisions about their care and support needs. People told us, "If I need to change my care all I have to do is ask" and "They always ask [Name] before they do anything. The care love and attention that we get is excellent". One relative told us, "We get a choice, say if we need an earlier visit". Another person told us how they were supported with an earlier visit when their care needs changed. They told us, "They have changed our time as we asked for it to be changed". This meant people made decisions about the care and support they received.

People had a file that provided them with contact numbers and information about the service. This included the 'service user guide.' This gave people details about the service and who to contact should they need to call the office for any reason. Within the care file was also a complaints policy and accident form. This meant

people were given the information so that they had an opportunity to express their views about the service should they be unhappy for any reason.

Is the service responsive?

Our findings

The service was responsive.

People received care that was responsive to their needs and personalised to their preferences. People felt that they were able to make decisions about who supported them with their care. They told us, "My preference is to have a female carer that is my choice". Another person told us, "We get the same four carers they are very good. We had one we didn't want again. This was our choice".

People's care needs were developed with each person and care plans were kept in people's homes. Care plans included people's preferred routine and guidance about how to meet the person's needs. For each visit the person had a detailed support plan which confirmed how the person wished to have their care provided. It also confirmed personal preferences on how the person liked their meals and drinks as well as any communication and mobility support. This meant that care plans were personalised and had details for staff to follow relating to specific support needs.

People's care plans contained hobbies and social interests that were important to them. For example, one person's care plan had recorded they enjoyed word searches and television. Another person's care plan confirmed they enjoyed steam railways and target shooting. Care plans therefore contained important information relating to interests the person had.

Care workers knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and records were detailed and clearly written. Records showed care plans had been reviewed as people's needs changed. One person told us, "We had a review a couple of weeks ago, it is about every six months or if anything changes". The office had a record of when each person was due a review of their care. The registered manager confirmed care reviews were set around February and March each year. All care plans we looked at had been reviewed in the last six months. This meant people were receiving a review of their care needs.

The service was flexible and people felt they could always ask if they needed their time changing to meet their needs. One person told us, "If we have an appointment they are flexible, we are very thankful". This meant people were able to attend events and appointments.

People received consistent and planned support. For example, the registered manager told us when people went into hospital all of their calls were left in place until they returned. When the person was admitted to hospital the office staff were responsible for tracking the person's progress. The operations executive was responsible for reviewing the person's needs before they returned home by liaising with the hospital, person and their family. This was to make sure any changes to their care and support were in place before they returned home.

People and their relatives felt able to complain should they need to. All people confirmed they were happy with the care provided and had no complaints. One person told us, "I have no reason to complain". Another

person told us, "I have no problems at all. They have always been able to help me. All is good". The service had received one complaint in the last six months. The complaint had been logged with any actions taken to resolve the complaint. Compliments and thank-you cards had been received. Compliments included, "We'd like to take this opportunity to thank-you for being so considerate, kind, thoughtful, helpful, respectful and all with a smile and happy attitude". Another compliment included, "To all at Notaro home care staff who looked after [name of the person] so well for years. Your dedication and thoughtfulness was outstanding".

Is the service well-led?

Our findings

The service was not always well-led.

The provider was not ensuring their registration was amended following changes in the office locations. During the inspection we found the provider was providing care out of two offices and not the one as confirmed as the condition on the provider's registration certificate. The registered manager and nominated individual confirmed that the 'live in care' part of the service had moved to a new location at the beginning of the year. Care was now being managed and co-ordinated from this new office by the manager for the service. This meant the provider had not amended the conditions of their registration following the office changes. The registered manager confirmed following the inspection that 'the live in care office' had moved back to the head office on the 12th May 2017. This meant at the time of the inspection the provider was not ensuring they were complying with the conditions on their registration. However by the office moving back to the main office meant the provider was complying with the conditions in place.

The service had a statement of purpose but additional information was required to cover the live in care arrangements. A statement of purpose confirms what service the provider plans to offer and what people can expect. The statement of purpose confirmed, 'Notaro Homecare Ltd aims to provide care to people in their own home to a standard of excellence which embraces fundamental principles of good care practices. Care and support will be provided in people's own homes ensuring the person's well-being and comforts are of prime importance'. It also confirmed, 'People will be treated with respect and sensitivity for their individual needs and abilities. Staff will be responsive to the individual needs of people and will provide the appropriate degree of care to assure the highest possible quality of life within our care homes and in people's own homes'. The registered manager and staff confirmed how important it was that people were respected and received care that was person centred and open and honest. Staff demonstrated they were working in line with the aims of the service and people were happy with the care they received. The registered manager confirmed they would submit an updated statement of purpose with the additional information required.

The registered manager was supported by a team of office staff including, two operations executive, one coordinator, two regional managers, two administrators and two accounts office staff. As well as a team of care workers including senior care workers.

Staff enjoyed working for the agency and were positive about the support they received from the service and management. Staff told us, "they are really good and very helpful, any problems I can always say" and "They are very supportive. I think they are very professional. Never had a problem in approaching them, I feel they genuinely do care". This meant staff were happy and felt well supported.

People and relatives were all positive about the care and support provided by Notaro Homecare. People that we spoke with felt that the senior care workers, management and office staff were all approachable. Comments included, "I would go to the senior carer, [Name] is always on call" and "the office staff are very helpful". The registered manager said how important it was to have an open door policy. They encouraged

people using the service to pop in and see them if they were in town. They also confirmed how they received regular phone calls from some people using the service. This they felt was important so that they kept in contact with people and people felt able to share any feedback they had about the care they received.

Staff were encouraged to provide feedback on the care and service experience. Feedback from the November 2016 survey was mostly positive; where areas could be improved the registered manager had confirmed action required. For example, some staff felt travel time between visits could be improved and more information could be provided on the person they were visiting. The registered manager had an action plan to address this feedback. The service undertook regular monitoring phone calls. This was to check that people were happy with their care and if there were any improvements required. Records confirmed feedback received and any actions taken. The service sent yearly questionnaires to people and relatives. At the time of the inspection the registered manager confirmed questionnaires were due to be sent. This meant the provider sought feedback from people and staff so that they could improve their service.

The provider had a quality assurance system in place which monitored the quality and safety of the service. The registered manager was responsible for checking and maintaining the quality assurance systems. This included checking people's care plans, complaints, health and safety, hoist and slings, medicines and incident and accidents. Audits identified any shortfalls and actions needing to be taken. For example, the medicines audit identified missing signatures relating to medicines unsigned for. The registered manager had taken action to address this shortfall and records reviewed during the inspection confirmed action taken.

Staff had meetings every two months. These meetings were an opportunity for staff to make suggestions about the service and for the registered manager to share information. For example, minutes confirmed any concerns relating to safeguarding, reminders about policies and uniforms, and referrals to external professionals. Records confirmed who attended these meetings and any actions required so that improvements could be made.

Prior to this inspection the provider had submitted notifications to inform us of events that had occurred at the service. We checked these details were accurate during the inspection. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service.