Norvic Healthcare (Anglia) Limited

Norvic Healthcare Anglia

Inspection report

Unit 5, 232 Fakenham Road
Taverham
Norwich
Norfolk
NR8 6QW

Tel: 01603865665
Website: www.abacuscare-norfolk-suffolk.co.uk

Date of inspection visit:
10 November 2016

Date of publication:
05 January 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 10 November 2016 and was announced. Norvic Healthcare Anglia is a domiciliary care agency providing personal care to people living in their own homes. At the time of our visit, 37 people were using the service.

There was a registered manager in place, who had been the registered manager since October 2010. 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 had a system to monitor the quality of the service, although this did not always identify where care and staffing records were missing information.

Notifications to provide information about important events, which the provider is required to send us by law, had not been completed.

You can see what action we told the provider to take at the back of the full version of the report.

Staff knew how to safeguard people from the risk of abuse and how to report concerns to the relevant agencies. Individual risks to people's safety had been assessed by staff and actions had been taken to reduce or remove these risks.

People felt safe using the agency and staff supported them in a way that they preferred. There were enough staff available to meet people's needs. Most recruitment checks for new staff members were obtained before new staff members started work, although information about previous employment and gaps in employment histories were not always checked.

Medicines records were not always completed to show people received their medicines as prescribed. Staff members who administered medicines had been trained to do so. Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received adequate support from the registered manager and senior staff, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA). The service was meeting the requirements of the MCA. Staff members understood the MCA and presumed people had the capacity to make decisions first. Where someone lacked capacity, clearer information was needed to guide staff.

Staff supported people to eat and drink. Staff members helped people to access the advice of health

professionals in the community if this was required.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted their care to be provided. Staff responded well to people's needs and support was available for staff. Care plans contained a varied level of detail in the information to support people with their needs, which did not always provide enough guidance to staff. Staff members knew how to care for people when this information was not recorded but there was a risk that new staff would not have this knowledge.

Most people knew how to make a complaint and these were responded to appropriately by staff. The registered manager was supportive and approachable, and people or other staff members could speak with them at any time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were enough staff to provide people with the support they needed. Not all checks for new staff members were obtained before they started work.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

Medicines records were not always completed and showed gaps when people may not have received their medicines.

Is the service effective?

Good

The service was effective.

Staff members received enough training to provide people with the care they required.

Staff members presumed people had the ability to make their own decisions. There was limited information only where people may not be able to make decisions for themselves.

Staff had information to help people access advice from health care professionals.

Staff supported people to continue to eat and drink independently.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people living at the service, which ensured people received the care they wanted in the way they preferred.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had a varied level of detail about their individual care needs and how staff should help them. There was limited guidance for staff where people had difficulties with their memory or making decisions for themselves.

People knew how to make a complaint and staff resolved these appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits to monitor the quality of the service provided did not effectively identify issues or take action to address these.

Staff members and the registered manager worked with each other, and people using the service to ensure it was run in the way people wanted.

Norvic Healthcare Anglia

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. This inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this and other information available to us about the service, such as the notifications they should sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with two people using the service and received completed questionnaires from 14 people and three relatives. We also spoke with the registered manager, three staff members and the provider's representative (the Managing Director).

We looked at the care records for five people, and at the medicine management process. We also looked at records maintained by the service about staff training, three staff records and records related to the monitoring the safety and quality of the service.

Requires Improvement

Is the service safe?

Our findings

People were supported by staff who had the required recruitment checks to prevent anyone who may be unsuitable to provide care and support. We found that recruitment checks and most of the required information was available and had been obtained before the staff members had started work. These included acquiring Disclosure and Barring Service (DBS) checks. The DBS provides information about an individual's criminal record to assist employers in making safer recruitment decisions.

However, where staff had been previously been employed in care positions, there was inadequate information to show the reasons why they had left or their conduct while in these positions. Explanations for gaps in two staff members' employment histories had not been obtained. This meant that the provider took most of the necessary steps to make sure prospective staff members were as safe to work with people as possible but that improvements needed to be made to ensure their recruitment processes were robust.

We looked at the care records for three people who needed help with their medicines. This information provided staff with some guidance about the medicines the person took and how they preferred to be given them. However, adequately detailed information was not available in one person's records, which did not guide staff in how they were to give the person their medicines. We asked to see medicine administration records (MAR), although these were not available for one person. MARs for the other two people showed gaps in recording whether administration had taken place. There was no explanation for these on the MARs. This indicated that medicines may not have been given as prescribed.

One person we spoke with told us that staff helped them with a specific part of their medicines administration. They said that staff members were there for support but had received training from a specialist nurse in case they needed to administer the medicine for the person. The person also said that the staff support they received for this was good and that it helped them to continue to manage their own medicines. Staff members told us that they had received medicines training before being able to help people with these. One staff member said that they had updated their training recently, which meant that they kept up to date with current practice.

People told us that they felt safe from abuse or harm. One person told us that they felt very safe with staff members from the agency coming to visit them.

Staff members told us that they received training in safeguarding awareness and would report any concerns about possible abuse to the registered manager. They told us that they had access to contact details for external agencies, such as the local authority safeguarding team. One staff member told us of the actions taken by staff when they were concerned about two people. The actions taken were appropriate and ensured that both people were safe and received help from health and social care agencies. We saw that staff completed records to account for financial transactions that they made on behalf of people using the service, such as items they purchased for the person.

Staff members assessed risks to people's safety and documented these in each person's care records. These

included assessments of each person's environment and other risks, such as mobility or moving and handling. Staff had described how to minimise any risks they or people faced during their daily routines. Staff members were aware of these assessments and our conversations with them showed that they followed the guidance. People were protected from any harm or injury due to unsafe equipment. Information about servicing and maintenance of equipment that was used was available to staff to ensure this was in good working order.

All of the people responding to our questionnaire told us that they received care from the same care workers. They and relatives who completed our questionnaire also said that staff members arrived on time and stayed for the length of time that had been agreed with the person. However, one person we spoke with told us that staff members did not always arrive on time and there was inconsistency in which staff member visited them.

Staff members said that they thought there were enough staff available most of the time to meet the needs of the people using the agency. One staff member told us that they occasionally had to cover sudden staff shortages. This increased their workload and on these occasions, they found it a struggle to complete the work in the time required. Another staff member confirmed that there had been a period when staffing numbers were lower and went on to describe the actions taken to increase these. These included recruiting new staff and providing additional cover for sudden staff shortages from supervisor staff working in the office. The registered manager confirmed to us that the current number of staffing hours available exceeded the number of hours required to meet people's care needs. We concluded that there were enough staff but that people sometimes had to wait due to staff shortage at short notice.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. One person told us that staff members always explained what they were doing and waited for the person's consent before completing tasks. Staff members provided us with a clear explanation of the MCA and their role in ensuring people were able to continue making their own decisions as much as possible. We saw that staff members had received training in this area.

We saw that some care records for people noted that they had poor memory and difficulty making their own decisions in some areas. However, there was no information about how staff should help these people make their own decisions or what to do if they were not able to make the decision at all. Staff had not completed mental capacity assessments for those decisions that people had difficulty making. This meant that although staff knew to assume people could make their own decisions, they may not be able to help people in the correct way when they are unable to make decisions.

People and relatives told us that they thought staff members who supported them had the right skills and knowledge to give them the care they needed. One person told us that staff members had received additional training from a health care professional so that they could support the person with their medicines. Staff told us that they received enough training to care for people properly. They confirmed that they received updates each year and they were able to complete national qualifications in care. Another staff member told us how staff were given training after it had been identified that they were not all knowledgeable in the different types of inhaler used by people.

Staff files contained records that showed staff had received training before they started working with people. This included training in such areas as fire safety, food safety, and moving and handling, which ensured that all the people staff visited were provided with safe care. They also received training for needs that were individual to people, such as how to administer medicines in specialised ways, like under the tongue in an emergency. New staff members completed the Care Certificate. This is a set of 15 standards about the minimum expectations of care provided in health and social care settings. We saw that competency checks were completed after staff had received training to make sure that their level of understanding was at an acceptable standard.

Staff members told us that they had supervision meetings, to discuss staff performance and development needs and that they felt well supported to carry out their job. They told us that the support came in a variety of forms, such as team meetings, in which they could raise any issues they had. They could speak with the manager or a member of the office staff at any time and they felt that this provided them with support to

carry out their role.

One person told us how staff helped them to prepare and make meals. They said that staff were knowledgeable in this area and that one staff member had previously worked as a cook and they were very supportive and encouraging of the person.

Care records provided staff with guidance about the help people needed with meal and drink preparation, and their food and drink preferences. The plan for one person advised that a list of preferred meals was available and that staff should consult this to make sure the person ate a meal of their choice.

One person told us that staff members would help them if they needed to access their GP or another health care professional as they could not do this independently. There was information within people's care records about their individual health needs. We found evidence that people saw specialist healthcare professionals when they needed to. For example, one person received advice from a speech and language therapist and their care records contained information about how to best support the person.

Good

Is the service caring?

Our findings

People and relatives told us that staff members were kind and caring. One person told us that staff were always friendly and that they were, "Good to be around." They described the support they received as, "The best care I've ever had."

We spoke with staff members about people using the service. They were knowledgeable about people's care needs and spoke about them with affection and understanding. All of the staff, including the registered manager, spoke about people with consideration. We heard this when office staff spoke with people by telephone on the day of our visit.

People told us that they were involved in decisions made about their care needs and that if they wanted, staff members would also involve their relatives in important decisions. One person told us that staff, "Talk to me how I want to be talked to", and that staff, "Listen to what I want." They went on to say that staff members always talked them first before any changes were made and that they were fully involved in making decisions.

Care assessments had been signed by people or their relatives, where this was appropriate, to say they were in agreement with the information recorded. This made sure that people understood the information that had been gathered and provided them with the opportunity to comment or add to the information.

All of the people we spoke to and relatives told us that the support provided by staff members helped people to be as independent as possible. They also told us that staff members always treated people with dignity and respect. One person told us that staff were always polite and that they always knocked before entering the person's house or bedroom. They went on to describe how having staff visit them allowed them to continue living as independently as possible, but with the reassurance that other people were there to take over if they were not able to continue this.

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us that staff members completed all of the tasks that they should during each visit. They also said that they were happy with the care and support people received from the agency. One person told us, "I'm happy with the way things are going, so I don't need to see the care plan." Staff members told us that they thought there was enough information in care plans to guide them in helping people.

The care and support plans that we checked showed that staff had assessed people's individual needs before care started. This was to determine whether they could provide people with the support that they required. However, the information obtained were basic tick lists of what people were able to do for themselves or what they needed help with. Where assessments showed that people had memory problems, for example, there was no information to show how this affected the person. This posed a risk that staff without the appropriate skills or experience would visit to care for the person.

Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, nutrition and mobility needs. We saw that there was a variable level of detail, which meant that for some needs there was a high level of information, while for others there was a lack of detail. One person's care plan showed how their love of a particular activity affected their mental health condition and the possible consequences of this. Another person's plan showed how staff should meet their cultural needs in relation to personal care. This helped staff to provide appropriate care.

However, we saw that people's care plans did not always provide enough guidance for staff in other areas. Care plans contained little information, apart from stating the person had memory issues, to show how this affected the person or the actions staff needed to take to care for the person. One person's plan for medicines stated that the person sometimes did not take their medicines. There was no information for staff of what to do if the person did not take their medicines on consecutive occasions. We spoke with one staff member specifically about this person's care and they were able to explain the actions that they took to meet the person's needs. They told us that if there were any changes they would leave a message for the next staff member. There was a risk however, that not all staff would know how to meet people's needs if regular staff who knew people well, were not able to visit.

Eleven out of the 13 people told us in the questionnaires that they knew how to make a complaint and that staff members responded well to any concerns raised. People and relatives said they knew who to contact if they needed to. One person told us how they had contacted a member of the office staff, who responded to their concern and made the changes necessary to resolve the matter. Two of the three relatives also said that staff responded well to concerns raised.

The registered manager told us that they had received no complaints in the previous 12 months. Staff recorded informal concerns in people's care records or reviews of care and a member of the office staff responded to these.

Requires Improvement

Is the service well-led?

Our findings

Information about how the service was monitored and people's views of the service showed that there was a process in place to assess the quality of the service. An independent audit of some of the agency's records was also carried out annually. However, we found that this process did not identify when systems were not working as well as they should. There was no critical examination of whether medicine records were completed properly or whether care plans contained all of the information required for staff to be able to meet people's needs. None of these processes had identified any of the concerns that we found during this inspection about staff recruitment checks, medicines management or information in care records. We found therefore, that the auditing process used was not effective in identifying risks to people.

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

Three quarters of the people and all of the relatives responding to our questionnaire told us that the agency had asked what they thought about the service they received. Both people that we spoke with also told that they had been contacted by the agency about the service they received and asked for their opinion.

The registered manager told us that questionnaires were sent to people every three months and the agency usually received a good response to these. We looked at the results for the most recent audit, found that the majority of these were positive, and raised no concerns. However, three out of 20 responses (15%) identified issues with the same theme about staff arriving more than 15 minutes early or late for a visit. On two occasions, people had said that care had not been available when it was needed. There was no information to show what action had been taken about this. This meant that although people's views had been sought, analysis of the information had not taken place and concerns were not always responded to.

We found from staff members that police were involved when one person became unwell and distressed. We had not received a notification about this. The registered manager told us that they were not aware that a notification was required. We have still not received a notification in relation to this incident.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People we spoke with were happy with the service that they received. Staff members spoke highly of the support provided by the whole staff and provider team. They told us that staff worked well together and that they all got on and covered for each other if additional staff were required. They told us the registered manager was very approachable and that they could rely on them or the provider for support or advice. We observed this during our inspection, when staff were able to discuss their concerns with the registered manager. They were aware of the management structure within the organisation and who they could contact if they needed to discuss any issues.

Staff said that they were kept informed about matters that affected the service through supervisions, meetings and talking to the registered manager regularly. Staff knew what was expected of them and felt

supported.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered persons had failed to notify the Care Quality Commission of events taking place within the service, which they are required to tell the Commission about by law. This included an event that was reported to the police. Regulation 18(1) and (2), (2)(f)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons were not effectively operating systems and processes for assessing and monitoring the quality and safety of the service. Arrangements for assessing, monitoring and mitigating risks were not robust. The checks made did not identify the concerns that we found. Records were not always complete, including records relating to care of people using the service and for staff recruitment. Regulation 17(1) and (2), (2)(a), (b), (c) and (d)