

Notts Home Care Limited

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Inspection report

No 1 House, Dukeries Complex Whinney Lane, New Ollerton Newark Nottinghamshire NG22 9TD

Tel: 01623862491

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Ratings

Overall rating for this service	Good •
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of the service on 26 March 2018. Notts Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes and flats. It currently provides a service to older adults. Not everyone using Individual Homecare Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post at the time of our 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.

At the time of the inspection, Notts Home Care Limited supported 56 people who received some element of support with their personal care. This is the service's second inspection under its current registration. At the previous inspection, the service was rated as 'Good' overall. At this inspection, they maintained that rating.

People were safe. The risks to their safety had been assessed although some assessments would benefit from more personalised information. Staff knew how to ensure people were protected from avoidable harm. People received care from a consistent number of staff. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection. Learning from accidents and incidents took place to reduce the risk to people's safety.

People's care was provided in line with current legislation and best practice guidelines. Staff were well trained and supported. Staff supported people effectively with their meals where needed and acted on concerns about their nutritional health. Other agencies were consulted for guidance when people developed more complex health needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager was reviewing how the Mental Capacity Act (2005) was implemented to ensure people's rights continued to be protected.

People felt staff were kind and caring, treated people with dignity and respect and listened to what they had to say. People's independence was encouraged and they were able to contribute to decisions about their care. People's diverse needs were respected.

Prior to starting with the service, people's needs were assessed to determine whether the service could meet those needs. When changes were needed to people's care, they were always involved with this process. People were treated equally, without discrimination and systems were in place to support people who had communication needs. People felt able to make a complaint and were confident it would be dealt with appropriately.

The service was well led by a registered manager who was liked by all. People told us they would recommend this service to others and it was evident people received high quality care and support. People and staff were encouraged to contribute to the development of the service. Effective auditing processes were in place to monitor the quality of the service. The registered manager carried out their role in line with their registration with the CQC.

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 remained safe.	_
Is the service effective? The service remained effective	Good •
Is the service caring? The service remained caring.	Good •
Is the service responsive? The service remained responsive.	Good •
Is the service well-led? The service remains well-led.	Good •



Notts Home Care Limited

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 checked 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 comprehensive inspection took place on 26 March 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

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.

The Inspection site visit took place on 26 March 2018. We visited the office location to meet the registered manager, three members of the care staff and office staff.

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience carried out telephone interviews with people prior to the office based inspection. They attempted to speak with 28 people or relatives. They successfully spoke with 19 people who used the service and one relative.

The inspection was informed by feedback from the telephone interviews as well as questionnaires completed by a number of people using services and staff. We sent 97 questionnaires out and received 31 responses. These responses highlighted a high quality of care was provided and people were satisfied.

We looked at all or parts of the records relating to five people who used the service as well as three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.



Is the service safe?

Our findings

People told us they felt safe when staff supported them. One person said, "I always feel safe with the staff and they lock the door when they leave." Relatives agreed. One relative said, "Oh, [family member] is definitely safe with them. I cannot fault them; they all know what they are doing. They have it (the care) down to a fine art."

All of the people who responded to our questionnaire told us they felt safe from abuse. Staff we spoke with were able to explain what they would do if they felt a person's safety was at risk. This included reporting concerns to the local authority safeguarding team and the CQC. The registered manager was also aware of their requirements to report and to investigate concerns. Records showed on the one occasion this was required, the registered manager had acted in accordance with the providers safeguarding policy. This protected people from avoidable harm.

People told us they felt staff supported them in a safe way. One person who was at risk due to poor mobility told us staff supported them to use their hoist safely, which reassured them. The risks to people's health and safety had been assessed and actions taken to reduce the risk of harm to people. We noted some risk assessments were brief and would benefit from further personalised information. However, none of the people we spoke with raised any concerns with us about their safety. One person said, "Their [staff] prime objective is to keep me safe and they do that so well. I have full confidence in the staff."

People told us they received care from a consistent group of staff who arrived on time and had time to complete their duties. If staff were going to be late, people told us staff always called them to let them know. One person said, "I have a group of carers who call and they are all very nice. There are no problems." All the people who responded to our questionnaire agreed. The registered manager told us they ensured that people received support from the same staff to ensure consistency of care. Robust recruitment procedures were in place that protected people from receiving care from unsuitable staff. This ensured people continued to receive safe and consistent care and support.

Where people required support from staff with their medicines this was done safely. People told us they were happy with the way staff supported them. We viewed people's medicine administration records and saw these had been completed correctly. These records are used to record when people have taken or refused to take their medicines. Staff spoke knowledgably about how they supported people with their medicines. The risks associated with people's medicines had been assessed and recorded within their care records. However, the registered manager acknowledged that these needed to contain more detailed information about people's specific needs to ensure they continued to receive their medicines safely. They told us they would address this.

People told us staff understood how to reduce the risk of the spread of infection; 95% of the people who responded to our questionnaire agreed. Policies were in place that followed recognised best practice guidelines to ensure the risk of the spread of infection in people's homes was reduced.

When any risks to people's safety had been identified through assessment, accident or incident, processes were in place to ensure the service learned from any mistakes. The registered manager told us they were confident that the processes and training that were in place, supported safe practice; however when mistakes occurred they addressed these with staff through timely supervision. This ensured people continued to receive safe care.



Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. Care was provided without discrimination by competent and well-trained staff. A relative praised the approach of staff in identifying any changes in their family member's health and acting on them.

People told us staff understood how to support them and did so effectively. One person said, "They will me tell me if I have any marks on my skin and then keep an eye on the area for me." Another person said, "They all know what they are doing and my main carer sorts everything for me." Records confirmed staff received regular training and supervision of their role. Staff felt supported by the registered manager and told us they felt confident when carrying out their role. This contributed to people receiving the care and support they needed to maintain good health.

Where people received support from staff with their meals this was provided in line with their personal preferences. If people needed support with preparing or eating their meals they told us they were happy with the way their staff helped them. One person said, "They are so good they will even offer to help me prepare the dinner if I am not feeling well." Where risks in relation to people's nutrition or choking had been identified, these were acted on quickly with timely referrals to health care agencies. A relative praised the approach of staff where they supported their family member in accordance with recommendations made by a speech and language therapist. This ensured risks to this person's nutritional health were reduced.

People's records showed the registered manager had ensured that effective relationships had been formed with local health and social care agencies. These relationships ensured that people always received the care and support they needed, from either Notts Home Care Limited staff or other professionals. A healthcare professional we spoke with prior to the inspection praised the approach of staff. They said, "They have good awareness of their clients and are proactive in raising issues." People had access to their GP and other health and social care agencies. Where needed, staff were able to support people with attending appointments.

People told us they were able to make decisions for themselves and staff always responded well to their choices. One person said, "We very much work together, they don't impose things on me. We are a team."

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 and found that on the whole they were. Records showed the majority of the people supported by staff were able to make decisions for themselves. Where people had been identified as being unable to make a decision, attempts had been to ensure decisions were made in line with the principles of the MCA. We did identify a small number of examples where more detailed assessments of people's capacity may have been required. The

registered manager told us they would review these and make amendments where needed to ensure beople's rights were always respected.



Is the service caring?

Our findings

The overwhelming response we received from all people and relatives told us all of the staff were kind, caring and compassionate. People looked forward to visits from the staff and welcomed their positive approach when supporting them. One person said, "I would hate to lose them they are lovely girls. They always give me a hug before they go. They know when I am feeling a bit down. They are perceptive to my moods." A relative said, "They are all very kind and caring. They have set up a great relationship and have a lot of banter. [My relative] has quite a sense of humour and the staff know when they are messing about. They are comfortable with one another."

People told us staff were respectful and treated them with dignity. Staff made people feel at ease especially during more sensitive times, such as when personal care was provided. One person said, "They certainly think about my dignity, they always shut the bathroom door so if anyone comes I have my privacy." Another person said, "They always treat me with dignity and we have such a laugh at times."

People were encouraged to do as much for themselves as possible and staff told us independence was always encouraged. One person said, "We have quite a special relationship. It is very open but also very professional. It is a big thing for me to have to have help and they make it as easy as possible." Another person said, "They are helping me stay independent, but I can ask them for anything, nothing is too much trouble. They are all very kind." People's care records contained information about their ability to carry out tasks for themselves and when we spoke with people they told us staff never imposed on them or prevented them doing things for themselves.

All the people who responded to our questionnaire told us they were involved with making decisions about their care. People we spoke with agreed. Records showed that regular reviews of people's care were carried out with them or their relatives. The registered manager told us no changes to people's care or support were made without consultation and agreement with people first. People were also offered access to an independent advocate to speak on their behalf, if they were not able to make their own decisions about the care they needed. The registered manager told us no one was currently using an advocate.

People's care records were treated respectfully within the provider's office. Records were handled sensitively ensuring the information within them was treated confidentially. Records were stored in locked cabinets to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.



Is the service responsive?

Our findings

Before people started to use the service, an assessment was carried out to ensure people would receive the support they needed. They, or where relevant an appropriate relative, were consulted and agreed care plans were put in place.

People told us they had been involved with developing their care plans and agreed the content. One person said, "My care plan was written with me. It all fits and is planned to meet my needs. It is flexible, and we change things as needed." People's care needs were regularly reviewed with them to enable any changes to be agreed before being implemented. People told us they welcomed this approach. A person told us the registered manager regularly came out to see them to check whether they were happy with their care and if they wanted anything changing. This approach ensured people continued to receive their care in the way they wanted.

People's care records contained information about their personal preferences, background, life history, likes and dislikes. People told us staff always cared for them in their preferred way. Staff spoke knowledgably about people's personal preferences. They were able to explain in detail how they supported people in each person's preferred way. One person told us staff were receptive to change and when they had informed staff they were going on holiday, they amended their call time to ensure they were ready for their departure. Other people told us they felt confident in contacting the office staff and advising them of any changes they needed to make. This flexible approach to people's care needs, ensured people always received their care in the way they wanted it.

The registered manager told us they ensured that people were not discriminated against and that people's rights and diverse needs were respected at all times. An equality and diversity policy was in place and the importance of adhering to this and protecting people's rights was discussed with staff. Records showed people's religious and cultural needs were discussed with them prior to starting with the service. If particular support was required, the registered manager assured us this would be provided.

The registered manager had an awareness of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. They told us they would review all documentation including people's care plans, company policies and procedures to ensure that people were not at risk of being discriminated against. This will ensure all people were empowered and treated equally.

All of the people we spoke with and 95% of the people who responded to our questionnaire told us they knew how to make a complaint if they needed to. The people we spoke with also told us they had confidence that the office staff would act on any concerns they raised. One person said, "I would ring the office if I was concerned about anything. They rang me during the bad weather to check I was okay." Another person said, "They are very helpful in the office and if I need to change anything they sort it out. We noted no formal written complaints had been made in the past 12 months, but the provider had a policy in place to

ensure they would be responded to appropriately.



Is the service well-led?

Our findings

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed in the provider's office. The registered manager was aware of their responsibility to ensure the CQC were informed of any notifiable events such as a serious injury or allegation of abuse.

All of the people and relatives we spoke with or who responded to our questionnaire praised the overall quality of the care provided. All told us they would recommend this service to others. One person said, "I would recommend them I have never had any problems." Another person said, "I am extremely happy. I would certainly recommend them to others." Staff told us they enjoyed working for the service and felt the quality of care provided was of a high standard. One staff member said, "I feel the company has thrived and the level of care is of a high standard." A health care professional said, "They have worked hard and gone the extra mile with a few people I have worked with and enabled them to live at home when other agencies may have failed." This meant people received a high quality service from dedicated staff.

People and relatives told us they had met the registered manager and other office based staff and felt able to talk with them about their care needs. A relative said, "If I was worried about anything I would speak to [name of the registered manager]. She is always telling us she is just at the end of the phone. If I need to alter anything I just call her, and they sort it." Staff respected the registered manager and felt able to discuss any concerns they had and knew they would be acted on. One staff member said, "She is lovely, just so easy to talk to." This meant the service was well-led by a respected and dedicated registered manager.

People were encouraged to give their views on the quality of the service they received and how the service could be developed and improved. People and relatives confirmed they had received a questionnaire and welcomed being able to give their views on the quality of the service provided. The results of the 2017 survey were very positive. The results confirmed staff arrived on time, were approachable, treated people with respect and people felt listened to. The registered manager told us the 2018 survey was due to be sent out soon to ensure the continued high performance of this service.

People were provided with information about the provider's aims and values. The 'philosophy and objectives of care' informed people of the standards they should expect from the staff who supported them. There was an open, honest and transparent culture at the service. This included people being informed of past CQC inspections and their outcomes.

Quality assurance systems were in place that helped to drive continued improvement at the service. This organised and effective approach ensured people would continue to receive high quality care and support.