

Richard Norman Care Coordinators Ltd

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## Inspection report

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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

This inspection took place on 5 July 2017. This was the first inspection of this service since it was registered on 23 February 2017. Richard Norman Care Co-ordinators Ltd provides personal care and support to people in their own homes in Bexley. On the day of our inspection nineteen people were using the service.

At the time of the inspection, there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and were supported by staff who knew how to keep them safe. Risks to people's health and safety were assessed and appropriately managed and people were supported by appropriate numbers of staff. Robust staff recruitment procedures helped to keep people safe. People received the support they needed to safely manage their medicines.

Staff had the knowledge and skills to care for people effectively and felt well supported by appropriate training and effective supervision. People were all able to make choices and decisions about their care sometimes with the support of their relatives. People received support where they needed it to access a range of healthcare services.

Relatives told us staff were consistently kind and caring and established positive relationships with people and with them. They told us staff valued people, treated them with respect and helped preserve their dignity, their rights, choice and independence.

We found there was consistency in the provision of care for people and this enabled caring relationships to be developed. People were supported by staff who understood them and their needs, wishes and preferences.

People and their relatives were able to be involved in the planning and reviewing of their care.

People were provided with support that was responsive to their changing needs and staff helped people to maintain any interests they had. People felt able to make a complaint and the provider had taken action to raise awareness of the complaints procedure.

We received positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and there were arrangements for people to be asked for their opinions via surveys. Action plans were developed where required to address areas for improvements.

## 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 received the support required to keep them safe and manage any risks to their health and safety.

There were sufficient numbers of staff to meet people's needs. Staff recruitment processes were appropriate to help keep people safe.

People received the support they needed to manage their medicines.

### Is the service effective?

Good ●

The service was effective. People were cared for by staff who received support through appropriate training and effective supervision.

People were able to give consent for their care and they told us they were always asked by staff about the way they wanted their care and support offered to them.

People were supported to have access to healthcare services where this was necessary.

### Is the service caring?

Good ●

The service was caring. People were cared for by staff who had developed positive and caring relationships with them.

People told us they were involved in their care planning and made decisions about their care. They said staff respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive. People received person centred support and staff were responsive to their needs. People's care plans were regularly reviewed and updated together with them.

People felt able to raise any concerns and complaints were appropriately investigated and responded to.

**Is the service well-led?**

**Good** 

The service was well led. There was an open and positive culture in the service and people were asked for their views about the service.

There was an effective quality monitoring system to check that the care provided met people's needs.

Staff told us that they enjoyed working for the agency and they received good support from the manager.

# Richard Norman Care Coordinators Ltd

## **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.

The inspection was announced and took place on 5 July 2017. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and the registered manager would be available to meet with us in the office.

It was carried out by one inspector. Before this inspection we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and safeguarding alerts.

At this inspection we spoke with two staff members, the care co-ordinator and the registered manager. We inspected five people's care files and three staff files. We also looked at other records related to the running of the service. After the inspection we spoke on the telephone with one health care professional, five people who used the service and five relatives.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe with staff who provided care and support for them. One person said, "It's wonderful, I can't fault the care and support they provide me. I feel very safe with my carers. The carers I have are absolutely excellent." Another person said, "I am very happy with the service. It is a good, safe service." One of the relatives we spoke with told us, "My [family member] is safe with this service; they always come on time and they wear their identity badges and uniforms so we do know who they are."

People were supported by staff who knew what to do to keep them safe. The staff files we inspected evidenced that staff received appropriate training for safeguarding adults. Staff knew what action they should take if they had any concerns. One member of staff told us they would report anything of concern to the registered manager or to the local authority. Staff described to us the different types of abuse that might occur and they said they felt confident that the registered manager would take appropriate action about any concerns reported to them.

We saw that comprehensive risk assessments were carried out by the registered manager together with people and where necessary with their relatives. Any risks identified were assessed and managed to ensure that people received safe and effective care, reducing the likelihood of harm. Staff understood the situations where people might be at risk and by following the risk management plans were able to ensure they supported people appropriately. The care plans we looked at described how to manage risks whilst also supporting the person to carry out tasks for themselves. Staff told us they found this guidance useful in carrying out their work safely.

People were supported by staff who knew how to safely operate any equipment they had in their home. Staff received training in how to operate different equipment people used, such as hoists to transfer people into and out of their bed and bath. The registered manager ensured all parties were happy that equipment could be safely used prior to a care package starting.

People and their relatives told us there were sufficient numbers of staff to meet their needs. One person said, "I have three calls a day and I have regular carers come to see me. It seems to me there are enough staff. My needs are certainly being met." A relative said, "I would say there were enough staff. They are always here when they are supposed to be here."

We inspected staff files to check that staff recruitment was undertaken appropriately. We saw there was a robust procedure in place and the provider ensured staff were fit and safe to support people. Before staff were employed the provider requested criminal records checks, two references, people's work histories and health checks, and identity checks as part of the recruitment process. The registered manager told us these checks were an important part of ensuring they made safe recruitment decisions to protect people.

People told us that where necessary they received the support they required to safely manage their medicines. One person told us their relatives assisted them with their medicines. Another person confirmed they took their own tablets but said they sometimes needed the prompt staff provided them to ensure they

had taken their tablets. They told us this arrangement gave them more independence and control over their life. Another person said, "Staff remind me to take my tablets when they see that I have forgotten, but usually I take them myself."

We saw that care plans for people contained clear information about what support, if any, they required with their medicines and this matched what staff told us. Staff completed medicines administration records where required to confirm whether or not people had taken their medicines and these were appropriately completed. The registered manager told us that only staff who had received training and support to do with administering medicines were allowed to support people in this way.

# Is the service effective?

## Our findings

People and their relatives told us that staff were competent and provided effective care and support for them. One person said, "I can only describe the staff as very good, they do everything that is expected of them and more." Their relative said, "We are very pleased with the service we receive from this agency. They do what we need them to do and they know what they are doing." Another person told us, "They come on time and they help me the way I want and need them to. Their relative said, "This is a good agency, we had endless problems with the previous agency so this is a refreshing change. The carers know what they are doing and that's what we wanted."

We inspected staff files to review staff's training and supervision and we talked both with people and staff. We found people were supported by staff who had relevant knowledge and skills through effective training and supervision. The staff we spoke with told us they received the training they needed to carry out their duties competently and felt the quality of training was good. One staff member said, "Yes the training here has been very helpful for me."

Training records showed staff received training relevant to their role, such as moving and handling people safely, administering medicines to people appropriately and safeguarding people at risk of abuse. Staff's competency and understanding of their training was assessed. There was a system in place to ensure that training was refreshed at regular intervals and staff remained up to date with their training.

Support and guidance through supervision was provided for staff every six to eight weeks. When we spoke with staff they told us they were well supported by the registered manager. One member of staff said, "I am able to discuss any issues there might be with my work with the manager and they are supportive to me." Records we saw confirmed that staff received regular supervision where they could discuss their work and any support they needed. Staff told us they had also received an annual performance appraisal and we saw evidence of that.

The registered manager told us that new staff were provided with a thorough induction that covered all the agency's policies and procedures as well as shadowing more experienced staff. We saw evidence all new staff had completed the induction programme referred to. We also saw evidence that the registered manager carried out "spot checks" on a regular basis. The registered manager told us these checks were carried out to assess staff competency against the agency's quality standards. These standards addressed issues such as: did staff arrive on time; were they seen to carry out the tasks set out in the person's care plan; did they wear their uniform and identity badge and was the person satisfied with the way their care and support was provided for them? The registered manager told us the process provided constructive feedback for both staff and management to make improvements where necessary.

The Mental Capacity Act 2005 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.

All of the people (whose files we inspected) in receipt of a service had the capacity to make their own choices and decisions, according to their wishes and preferences. A relative said staff were polite and professional and respected their family member's wishes. People and the relatives we spoke with told us staff always asked for their consent before care and support was provided for them. The registered manager and staff told us that they would work with the person and where necessary their relatives and any health professionals such as the GP to ensure appropriate best interests assessments were undertaken. A member of staff said, "I always ask people I am there to support how they want things done."

The people we spoke with told us that staff helped them to make healthcare appointments and, if required, would also attend the appointments with them. People told us that most of the time this assistance was provided to them by their relatives or family but one person did say, "If I needed help I am sure my carer would go with me to see my doctor." Their relatives who we also saw spoke with confirmed this with us.

## Is the service caring?

### Our findings

People and their relatives commented to us that staff who supported them were caring and kind. One person told us, "You couldn't get better, the carers are excellent and so kind and caring, they really are." A relative said, "Our carers are polite and courteous and just as important to us is that they understand us as well as being kind and caring." The relatives we spoke with all said that staff spent time to build positive relationships with them and their family members. They said this had helped staff develop a good understanding of the people they were supporting and people said this helped them to feel they mattered. Staff told us they took time to read people's care plans so that they were fully aware of the person's needs. Staff also said they always asked people how they wanted their care to be given and if there was anything else they needed to do for them. They told us they recorded all the things they had done on people's diary sheets so that there was good information for staff who came subsequently to visit the person concerned. This helped to enable continuity of care given to people.

The staff we spoke with told us they enjoyed working at the service and valued the relationships they had developed with the people they cared for. One member of staff told us, "I do enjoy this work and especially the people I work with. It is good for me that I am able to support people with making their lives a little better."

In the care plans we inspected we saw they contained information about people's likes and dislikes and how this impacted on the way they preferred to be cared for. Each person was described in a caring and individualised manner and the care plan gave staff clear information about what was important to people.

People told us they were able to contribute to their care plans and make decisions about their care. All the people we spoke with told us they had a copy of their care plan in their home and that they felt they were central to any reviews when their needs changed. People and their relatives told us staff were professional in their attitude to delivering care to people. A healthcare professional said staff delivered the care to people they had commissioned and they saw staff were caring and kind.

Relatives told us that staff respected people's privacy and dignity when giving support to their family members. One relative said, "The carers ask my [family member] how they would like their personal care to be given. They seem to me to be very polite and caring." Another relative said, "They do respect people's dignity from my experience of the care they provide my [family member]." Staff told us they treated people as they would wish to be treated themselves. Staff explained how they ensured people's privacy was protected, such as by asking people how they would like their care to be given, by closing doors and by encouraging people to carry out their own personal care where possible.

## Is the service responsive?

### Our findings

We asked people and their relatives for their views about the service and how the service made sure they received care and support that met their needs. They said they received an assessment visit from the registered manager before their care package started. They said they spent time talking about their needs, likes and dislikes and preferences for meeting their care needs. People told us that following this they received a support plan that detailed their needs and how they were to be met; they said they were able to make changes to the plan where it was necessary.

Staff told us they were provided with clear information about people's needs and were updated when anything had changed. The care plans we inspected contained detailed and up to date information about people's needs. People and, where appropriate, their relatives were involved in the reviews of their care. A relative said, "We have a care or support plan and they review it with us when our [family member's] needs change. Another relative said, "We are all involved in the process of the care planning and any reviews that happen." One person told us, "I have a folder here in my home and a care plan. My carer writes in it every time she comes and says what she has done for me."

Where people needed support to avoid social isolation we saw staff provided that support and people were able to enjoy their social activities. One person was escorted by staff to the shops or to a cafe every week. The registered manager told us the person really enjoyed being able to get out and see other people. The person's relative told us that without this help their family member would have become far more socially isolated. However with this assistance staff helped the person to attend something that greatly benefitted them.

The people we spoke with and their relatives told us they felt comfortable raising concerns and making a complaint and knew how to do this if needed. One person said, "As far as I'm concerned I have no complaints but if I did I would certainly speak to the manager." The relatives we spoke with also felt they could make a complaint if required, but had not needed to do so.

We saw that the service had a formal complaints policy and procedure. The complaints procedure clearly outlined what a person should expect if they made a complaint. There were guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who might find the process of making a complaint difficult. The procedure also outlined the process for the complainant to follow if they were not satisfied with the outcome of the provider's investigation into their complaint.

The registered manager explained that complaints were often resolved informally. The service had a record of all previous complaints. When we examined this we found that the service complied with its own policy in terms of resolving complaints in a timely manner.

## Is the service well-led?

### Our findings

The service was managed by a suitably experienced and qualified manager who was registered with the Care Quality Commission. The people we spoke with said the service was well managed. People and their relatives told us they had frequent contact with the office and the registered manager. They said staff were committed to providing a good service for them. They also told us there was an open and transparent culture at the service. We saw that the service provided was person centred and met the needs of the people they supported. People said if they had a concern they felt they would be listened to and responded to appropriately. This showed that the service used the feedback from people to improve the services provided. Staff told us that they enjoyed working for the agency and it was professional and well managed.

The registered manager told us that they took seriously the need to continuously monitor the quality of the services they provided so that they had the information they needed to make improvements where they were needed. There was a range of different methods in place to do this. We saw evidence that regular telephone calls were made to people after one week, one month and then six monthly to check the quality of the service provided met people's expectations and their needs. An annual feedback survey was carried out for people who used the service, their relatives, staff and health and social care professionals. They were asked for their views about the services provided. We were shown the evidence of the feedback survey carried out in June 2017. At the time of this inspection not all the feedback forms had been returned but those that had were positive about the service.

There were the "spot checks" made to people to see how care was actually being provided to people by staff. The registered manager told us if any concerns were identified during spot checks this was discussed with individual staff members during one to one meetings so the concerns were addressed. We were shown evidence of staff competency assessments for the safe administration of medicines to people carried out by the registered manager every year. This was to ensure that staff assisted people with their medicines appropriately and safely. Other important areas such as reviewing incidents and accidents, safeguarding and complaints were seen as being part of this audit process carried out by the registered manager. We noted that feedback from the quality monitoring processes was used to ensure that services were of good quality. We also noted that the organisation had an improvement agenda that used the outcomes of quality monitoring to promote improvement and change.

Staff told us they felt confident calling into the office to speak with the registered manager. The staff we spoke with said they knew they could call in the office any time they needed to and they told us that communication with the registered manager was good. Staff said that this helped them to feel supported in their work and to be clear on the values and ethos of the organisation.

We saw staff were required to read the provider's policies and procedures and then sign to say they were understood. This helped staff to keep up to date with all aspects of carrying out their work and of the procedures to do with caring for and supporting people.

All the records that we inspected in the provider's office were well maintained and we found that the

information we required to see was easy to access and chronologically stored. This reflected on a well organised and efficiently run domiciliary care service.

The provider had sent us written notifications telling us about important events that had occurred in the service when required. They are legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that CQC were able to review the notifications and decide whether any action was needed on their part.