

Norfolk County Council

NCC First Support - Southern

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

About the service

NCC First Support Southern, Northern and Norwich is a reablement service providing personal care to people living in their own homes for a maximum of six weeks. At the time of the inspection, the service was supporting approximately 100 people.

People's experience of using this service and what we found

People were able to express their individual care needs and the service had been planned in such a way as to meet these needs. People were helped to achieve as much independence as they could.

Staff had received good training and supervision to help them deliver care to people that was safe and appropriate for their needs. Staff were kind and caring and treated people with dignity and respect. People were supported to have maximum choice and control of their lives.

Staff understood the different types of risks people could be exposed to and acted to reduce these risks as much as possible. Processes were in place to protect people from the risk of abuse. The provider had ensured that staff were of good character and were safe to work with people before allowing them to enter people's homes.

There was good leadership in place. The provider valued their staff and supported them in their work. The quality of the service was regularly reviewed, and action taken to improve it when necessary. When things had gone wrong, lessons had been learnt. The provider was keen to continually improve the service for people.

The service worked well with other agencies and health and social care services to ensure people received the care and support they required.

Rating at last inspection

The last rating for this service was Good (published December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

NCC First Support - Southern

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector, an assistant 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes for a maximum of six weeks. The aim of the service is to provide people with support to help them regain independence and live as safely as possible at home following a period of illness or injury. People are discharged from the service either when they have gained the maximum independence they can, or when they are transferred to another service for on-going support with their care needs.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on annual leave at the time of the inspection visit to the office.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or manager would be in the office to support the inspection. Inspection activity started on 20 June 2019 and ended on 24 June 2019 when we visited the office location.

What we did before the inspection

Before the inspection visit to the provider's office we reviewed the information we held about the service and the provider. This included any notifications the provider had to send us by law and information we had received from members of the public about the quality of care being provided. We also reviewed the information the provider had sent to us in their Provider Information Return in April 2019. Providers are required to send us key information about their service, what they do well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people and four relatives about their experience of the care provided. We also spoke with nine members of staff including a county manager who represented the provider, three reablement practitioners, four support workers and a care co-ordinator.

We reviewed a range of records. This included seven people's care records and five medicine records. We also looked at four staff recruitment records and a variety of records regarding how the provider monitored the quality of care people received.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to protect people from the risk of abuse. Staff demonstrated a good understanding of this area of practice. They knew how to report concerns both within the service and externally if necessary. The registered manager investigated any concerns raised. One person said, "I feel really safe with the carers, I really do."

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and managed well. Staff could tell us how they kept people safe for example, making sure the environment was clear of objects to help reduce the risk of people falling. People's care records contained information to guide staff on how to support people to reduce risks to their safety.

Staffing and recruitment

- Staffing levels were appropriate to provide people with the support they needed. Staff confirmed this and said they were able to spend plenty of time with people to help them reach their maximum level of independence.
- People and relatives told us staff had not missed any calls and most said staff had arrived at a time that suited them. One person said, "No problems with times, it could fluctuate a little, but it wasn't a problem."
- The provider had conducted robust checks on staff to ensure they were safe to work for the service.

Preventing and controlling infection

- People were protected from the risk of the spread of infection as staff took precautions in this area. Staff told us they had access to relevant equipment such as gloves which they wore when it was appropriate to do so. One person told us, "They carers always wear gloves and aprons."

Using medicines safely

- People's medicines were managed safely. Staff had received training on how to give people their medicines correctly. The provider had assessed their competency to do this safely.
- The medicine records we checked showed that people had received their medicines when they needed them. These had been audited to ensure staff had completed them correctly and any errors had been investigated and acted upon.

Learning lessons when things go wrong

- Staff had reported any accidents or incidents to the registered manager who had then investigated them to try to prevent them from re-occurring.

- The registered manager had analysed incidents, accidents and complaints each month to see if any patterns emerged or if lessons could be learnt. For example, they had identified some concerns regarding the management of people's medicines. This had been discussed with the staff in a meeting, so they could improve their practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes continued to be consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service received referrals from health and social care professionals which contained information about people's individual needs. The service then performed their own assessment to ensure they could provide people with reablement. This assessment covered people's individual goals and outcomes, physical, mental health and communication needs.
- The support given to people was regularly reviewed to judge whether people were reaching their goals and outcomes and if the service remained suitable for them.
- Technology such as an electronic system to monitor that staff had attended their scheduled visits to people's homes was used to help improve the service people received.

Staff support: induction, training, skills and experience

- Staff had received enough training and supervision to enable them to provide people with effective care. A relative told us, "There's one carer who is especially good. She's really doing everything in a sensitive way. She must have been really well trained."
- Staff told us the training they received was good. Some said they would like more training in certain areas such as mental health. The provider was aware of this and was in the process of organising this training.
- Staff who were new to the service told us they received good induction training and had not felt rushed to support people on their own. Staff completed the Care Certificate which is a nationally recognised qualification within care.

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

- People were supported to eat and drink enough to meet their needs. One person told us, "They helped me with my meals and gave me a choice." Staff told us they ensured people drank plenty to prevent them from being dehydrated and ate enough to maintain their health.
- Records showed staff had involved other healthcare professionals where they had become concerned that someone was not eating or drinking enough.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff told us they often worked with other agencies to ensure people received effective care and to support people's health. For example, they engaged with healthcare professionals such as occupational therapists to ensure people had access to equipment to help them become more independent. District nurses and GPs were contacted if necessary to help people with their health needs.

- The staff also worked with other home care providers to help people transfer to these services if this was appropriate. People were signposted to other services that they may benefit from such as local voluntary organisations or charities. The provider told us this was an area they had identified required further improvement. They were actively looking for other local services that could benefit people once their service had finished.

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

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.

Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The staff demonstrated they understood the principles of the MCA and offered people choice. For example, one staff member told us how they would show people different outfits they could wear, if they found it difficult to make this decision on their own.
- Records showed that people's ability to consent to their care had been considered and various professionals had been involved where there had been a concern. However, some of the contracts agreeing to the care had been signed by a relative. Relatives are not legally able to consent on behalf of their family member unless they have the appropriate legal powers to do so. The county manager told us they would immediately address this with the staff who obtained consent from people.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people continued to be supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. One person told us, "They all have nice natures and they'd do anything for you." A relative said, "They always talked [family member] through what they were doing, and they talked to them like they were a person."
- Most people and relatives told us the same staff visited them which helped them build caring relationships. However, some staff said they had recently had their call schedules changed which had resulted in them not always seeing the same people. The county manager told us they were aware of this and had taken steps to improve this area.
- Conversations with staff showed us they were mindful of people's diverse needs and took these into account when providing people with care.

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

- People were supported to express their views and make decisions about their care. Regular reviews had been held with people to discuss how they were progressing and for feedback about the care they received.
- People and relatives told us they felt involved in their care and listened to. A relative said, "When they first came in to see us, they put the care plan together and asked us what we were hoping for."

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence was encouraged. One person told us, "They are always encouraging me to look after myself. Sometimes I need them to wash my back and put the creams on, and they never say no." A relative said, "They got [family member] up every morning and persuaded him to do as much as he could do."
- Staff told us how they protected people's dignity and privacy. For example, by ensuring that curtains and doors were closed, and that people were covered appropriately when supporting them with personal care. Their primary role was to encourage people to be as independent as possible and most people told us this had been achieved.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs continued to be met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs. People had contributed to the assessment of their needs which included the individual goals and outcomes they wanted to achieve. A relative told us how the service was helping their family member become more independent, they said, "The carers are really good. They are making a big difference for us."
- There was a lack of information in some people's care records to provide staff with guidance on how to support them if they had complications from their diabetes or catheter. The registered manager had identified that this was an area needing improvement during a recent audit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had assessed whether people had specific communication needs. Staff gave us examples of different methods they used to meet these needs. For example, using sign language or writing information on paper for people to read.
- The provider told us they were able to provide documentation to people in larger print, in Braille and had access to interpreters if needed to assist with communication.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they needed to. One person said, "I have no complaints, I've had them before on and off and they've always been very good."
- Complaints had been investigated and answered when they had been made. The registered manager had regularly analysed these to help improve the quality of care people received.

End of life care and support

- The service did not routinely provide care to people at the end of their life due to the nature of the service being for reablement. However, if people became unwell when receiving care, the service ensured staff continued to provide continuity of care.
- Staff had access to palliative care professionals who they worked with when providing people with care at this time.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The staff and provider were clear about their roles and responsibilities. The registered manager performed audits regularly to monitor the quality of care provided to people. These had helped to drive improvement. For example, audits had identified an issue with the completion of medicine records. Following discussions with staff about this, this area had improved.
- The registered manager regularly reviewed incident, accidents, complaints and feedback from people to identify themes and patterns to drive improvement within the service. However, this had not been routinely completed at provider level. The county manager told us this was to be implemented shortly to help drive improvement further within the provider's services.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a person-centred and open culture within the service. Most people and relatives, we spoke with told us they were happy with the care that had been provided. One person said, "They have really helped to rehabilitate me, and have helped in so many ways." A relative told us, "[Family member] has finished using the service now. They've been absolutely brilliant."
- Most people, relatives and all staff told us they felt listened too and respected. Staff said they were happy working for the service and that they felt supported and valued. Conversations with them demonstrated they understood the provider's vision of delivering people with care that met their individual needs and preferences.
- The provider understood their responsibilities under the duty of candour and had involved relevant people in any investigations they had conducted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were regularly asked for their feedback about the service whilst they were using it. The feedback forms we saw showed that people were happy with the support they had received.
- Engagement meetings had been held with staff to gain their views on how the service could improve. An action plan had been put in place to track when their suggestions had been actioned.
- The staff worked closely with other services such as the local hospital and community healthcare for the benefit of people using the service.

