

## Norfolk County Council

# NCC First Support - Eastern

### Inspection report

Vantage House  
Fishers Lane  
Norwich  
Norfolk  
NR2 1ET

Tel: 01603729100

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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 14 December 2016 and was announced. NCC First Support - Eastern is a domiciliary care agency providing a personal care to people living in their own homes for a period of up to six weeks. On the day of our visit 37 people were using the service.

The agency has had the current registered manager in post since September 2014. 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.

Staff were aware of safeguarding people from the risk of abuse and they knew how to report concerns to the relevant agencies. They assessed individual risks to people and took action to reduce or remove them. There was adequate servicing and maintenance checks to equipment to ensure people's safety.

People felt safe receiving care and staff supported them in a way that they preferred. There were enough staff available to meet people's needs, which allowed staff to spend additional time with people if needed. Recruitment checks for new staff members had been made before they started work to make sure they were safe to work within care.

People received their medicines when they needed them, and staff members who administered medicines had been trained to do this safely. 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) and to report on what we find. The agency was meeting the requirements of the MCA. Where staff were concerned someone lacked capacity to make their own decisions, they acted appropriately to help the person make their own decisions.

Staff supported people so that they received enough food and drink to meet their needs. Information was available for staff members about health professionals involved in people's care and staff worked with them to make sure people received the care they needed.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. They responded to people's needs well and support was always available. Care plans contained enough information to support individual people with their needs. People were happy using the service and staff supported them to be as independent as possible.

A complaints procedure was available and people knew how to and who to go to, to make a complaint. The

registered manager was supportive and approachable, and people or other staff members could speak with them at any time.

Good leadership was in place and the registered manager and provider monitored care and other records to assess the risks to people. This ensured that these were reduced as much as possible and improved the quality of the care provided.

## 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.

Staff assessed risks and acted to protect people from harm. People felt safe and staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs. Checks for new staff members were obtained before they started work to ensure they were appropriate to work within care.

People received the support they needed to take 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 supported people to continue making decisions for themselves.

Staff worked with health care professionals to ensure people's health care needs were met.

People were supported to prepare meals and drinks as independently as possible.

### Is the service caring?

Good ●

People told us that staff members were kind and caring. One person told us that staff were always friendly and that they were, "Very nice to be with." They described the support they received as, "Very good" and said that staff were always, "Very polite."

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. Care records also showed

that staff were considerate about the way they wrote about people.

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, "Always talked to me about how the care was going and how I felt about it", and that, "they listened to what I said and changed how they did things."

Care assessments included people's opinions, thoughts and what they wanted from the service. Daily notes and reviews of care also included people's views, which showed how they had been involved in their care on a regular basis.

All of the people we spoke with told us that the support provided by staff members helped people to be as independent as possible. One person told us how staff had gradually reduced physically helping the person until they were able to wash and dress alone. They also told us that staff members always treated them 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.

Staff members gave us clear descriptions of the actions they would take to make sure people's privacy and dignity was respected. This included closing curtains, knocking on people's doors before entering rooms and making sure that people were covered when receiving personal care. They described how they made sure they knew one person's views and how they wanted to be cared for by writing notes to the person as they were not able to verbally communicate. Staff told us that this worked well for the person as they were able to communicate well in this way.

### Is the service responsive?

The service was responsive.

People had their individual care needs properly planned for and staff were knowledgeable about the care people required to meet all aspects of their needs.

People had information if they wished to complain and there were procedures to investigate and respond to these.

Good ●

## Is the service well-led?

Good 

People told us that they were happy using the agency and that it provided them with the service they needed. One person told us that they received the support they needed to get better and commented, "They were very good."

Staff members told us that although they had different roles, they all worked as part of the same staff team and their goal was to care for people well. They said that working at the agency was very teamwork orientated. One staff member said, "We've got a good team, we all communicate well with each other."

Other staff told us that the management team were good at keeping staff up to date and abreast of changes. They said that they were supported at work by a range of facilities, which included dedicated staff support groups, counselling and occupational health. One staff member told us that they were involved in working groups for new technology or for working practices. This provided them with the incentive to look at best practice and how they could improve the service.

Staff told us that they had regular meetings, such as team meetings, to discuss changes within the agency. They said they were able to raise concerns and that the provider organisation took action to resolve issues. They were aware of the whistle blowing policy and would use this if needed to make sure people using the agency were safe. They also said that the agency was a good place to work and one staff member told us that they had had family members use the service and would recommend that they do so again if the need arose.

The registered manager had been registered with the Care Quality Commission since September 2014. They confirmed that they were supported by the provider organisation's operations manager and by the provider organisation in general in the running of the agency. One staff member travelled from another team to provide support to the registered manager. They told us, "It's a real pleasure to work for her."

The registered manager told us that surveys were sent to people after they had finished using the service. The most recent result of these showed a positive response from people. Comments that people made in the survey included, "I don't think you can improve the care" and "[Person] is very happy with the service give and cannot think of anything to improve upon." Another person said, "Friendly, professional support."

The registered manager completed monthly audits of the

agency's systems to identify any areas that needed improvement. They told us that these audits fed into the provider's auditing system. We found that when issues had been identified, actions had been taken to address them. Where issues had been identified, such as the need to complete a review of people's care at an earlier stage, this had been discussed with the appropriate staff member and with all staff during meetings.

The registered manager completed an analysis of any incidents and accidents, and complaints that had occurred, which had not shown any trends or themes. Staff meeting minutes showed that information about these were fed back to staff. We saw that following an inspection of another of the provider's agencies, staff were advised of a concern that had been identified and the action being taken to address this across all of the agencies. We concluded that the provider's assessment and monitoring systems were effective in identifying concerns and taking action to improve the service.

# NCC First Support - Eastern

## **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 14 December 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be in. 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 sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with four people using the service. We also spoke with the registered manager and four staff members.

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



# Is the service safe?

## Our findings

People told us that they felt safe with staff from the agency. One person told us that being visited by staff from the agency had reassured them, which meant they could stay at home. Another person said they felt, "Very safe" when being visited by staff.

The provider took the appropriate actions to reduce the risk of people experiencing abuse. Staff members demonstrated a good understanding of the different types of abuse and provided clear explanations of the actions they would take if they thought abuse had occurred. They knew where to find information on how to report any concerns to the local authority, who lead on any safeguarding concerns, if they needed to report an incident of concern. Staff confirmed that they had received training in safeguarding people and records we saw confirmed this.

People received care in a way that had been assessed for them to do so as safely as possible. Staff members assessed risks to people's safety and documented these in each person's care records. These were individual to each person and described how to minimise any risks they faced during their daily routines. These included any risks with their mobility, the risk of falling and reducing the likelihood of any damage to their skin, which could develop into a pressure ulcer. Staff members were aware of these assessments and our conversations with them showed that they followed the guidance that was in place that told them how to reduce any risks. One staff member told us that people who were at risk of falling or who had fallen were referred to the falls prevention team.

Staff members told us that they were able to complete fire risk assessments if they felt there were higher risks than those completed in environmental assessments. One staff member confirmed that they had undertaken an online fire safety awareness course, which provided an overview of the actions to take in the event of a fire. The equipment people used was maintained to ensure it was in good working order. Care records contained information about servicing and maintenance checks and when these were next due.

People told us that staff visiting them always arrived on time. One person said that staff were, "Always very punctual." Other people told us that staff members stayed for as long as they were needed. One person described how they were visited by the same person as much as possible and how they were advised if this was going to change.

Staff members told us that they were able to stay with people if they needed extra time when being supported. They felt that there were enough staff available and this meant they were able to give people the care they needed. They said that they never felt rushed when visiting people and they were able to take the time to help the person become more independent. This meant that they did not complete tasks for the person in order to finish the visit in a set time period.

The registered manager explained that the role of the service was to provide help and support to people for up to six weeks. This short, intensive period of time was to help people to get back on their feet following an event, such as a fall or hospitalisation. They had weekly meetings with staff to adjust how often staff visited

people. This ensured the agency was able to accept new people who needed help or refer on to permanent care agencies, where this was required.

People were supported by staff who had the required recruitment checks to prevent anyone who may be unsuitable to provide care and support. A new staff member told us that recruitment checks had been requested before they started working for the agency. We checked staff files and found that recruitment checks and information was available, and had been obtained before the staff members had started work. These included obtaining Disclosure and Barring Service (DBS) checks. The DBS provides information about an individual's criminal record to assist employers in making safer recruitment decisions.

One person told us that staff reminded them to take their medicines and they did this without fail so that the person did not miss any medicines. Staff members told us that they tried not to administer medicines to people to help them continue being able to take their own medicines. They said staff would only intervene if the person needed and wanted physical help to take their medicines.

We looked at the care records for people who needed help with their medicines. This information provided staff with guidance about the medicines the person took and how they preferred to be given them. We saw that one person's care plan was clear in the action staff had to take for oral medicines. Information about pain relief patches provided guidance about where these should be applied and how often. However, additional good practice guidance, such as changing the application area or writing the date of application on the patch, was missing. We spoke with the registered manager about this, who advised they would make sure this was added to the person's care records.

## Is the service effective?

### Our findings

People's care needs were met by staff members who had been suitably trained and had the knowledge and skills required. One person told us that they thought staff members had received enough training as they knew how to care for the person and what support the person needed to become more independent.

Staff members told us that they received enough training to be able to carry out their roles effectively. They confirmed that they received annual training in such areas as moving and handling, and that they were able to request additional training if they felt they needed this. The staff members told us that they had received training in dementia care, which would better support care staff when caring for people with this condition. They also said that they had received training from the stroke unit at the local hospital about caring for people following discharge from hospital. Staff told us that they had the opportunity to complete national qualifications and one staff member confirmed that they had completed a level three diploma in care.

Information provided during this visit showed that staff had received training in a range of areas. The registered manager kept a staff training matrix that showed when staff members had last undertaken training and when updates were due. We saw that staff kept up to date with training, which provided them with up to date knowledge and opportunities to develop their skills.

Staff members told us that they received support from the registered manager or another senior staff member in a range of meetings, both individually and in groups. These meetings allowed them to raise issues, and discuss their work and development needs. Staff felt well supported to carry out their roles and any issues that arose were treated as a positive learning experience.

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. Staff told us that they assumed people had capacity to make their own decisions. They also said that if they had concerns about people's ability to make decisions they would refer to a senior staff member for further advice. The registered manager told us that the service did not preclude people who did not have capacity to make decisions. However, as the service's aim was to increase people's independence they found that most people were able to do this.

One person's care plan showed that staff had written guidance about how to help the person make their own decisions, such as which clothes to wear. There was also information about the discussions staff had in regard to the person's memory and how to support them. Staff had not completed a mental capacity assessment as they had determined the person was able to make their own decisions. We concluded that staff knowledge and guidance showed that the service was working within the principles of the MCA.

Staff members told of the actions they would take if they had concerns about how much a person was eating or drinking. This included offering smaller portions, finding out the person's preferences and referring to other staff. They also told us that part of their support role was to help people to become independent in preparing their own meals. One staff member told us how they taught people to use a microwave to heat meals and recorded how much people drank if they had concerns about this.

Staff members told us that they also made referrals to health care professionals, such as dieticians, when this was required. We saw that there was information in people's care records about individual health needs and health care professionals, such as GPs and district nurses, who were already involved with the person.

## Is the service caring?

### Our findings

The service was caring.

Staff members developed good relationships with people using the service, which ensured people received the care they needed in the way they preferred.

Staff supported people to become independent and to recover previous levels of ability.

Staff treated people with dignity and respect.

## Is the service responsive?

### Our findings

People told us that staff members completed all of the tasks that they needed to during each visit. They also said that they were happy with the care and support people received from the agency. One person told us, "They helped me after I fell. They came in for six weeks and at the end of it they didn't need to do anything for me, I could do everything myself."

Staff members told us that they talked with people throughout the time they visited to assess the improvements being made by the person and to make sure they were available when this was best for the person. They confirmed that they reviewed care records after the first two weeks of supporting a person to evaluate whether the support provided was appropriate and whether the person would be able to manage independently. They thought there was enough information in care plans to guide them in supporting 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. We saw that these assessments were carried out with professionals from health or social care teams who were already known to the person, if this was appropriate. For one person, whose care records we saw, this made sure the person was able to agree about the help they needed and provided further information to care staff about future difficulties that may arise.

Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, nutrition, medicine and mobility needs. We saw that there was a good level of detail to guide staff. The care records showed what goals people wanted to achieve while receiving the service. For example, one person had said that they, "Want to return to my previous level of ability." They then went on to describe how staff supported the person to do this. The registered manager confirmed that there were paper records available in each person's home and an electronic version available in the office. We saw that daily records were updated following each visit by staff and described the progress the person was making.

Where people needed on-going help, we saw from care records that staff members worked with other care agencies to make transferring between services easy for the person. One person's care records showed that staff had contacted the other agency for information about the care staff who would visit the person. We also saw that where people had been discharged from the local hospital, staff from the agency had close links with hospital staff to make sure the correct care continued. Staff told us how when they had contacted staff from the stroke unit following one person's discharge, hospital staff visited them and the person to give advice about how to best support the person to move around. This showed that staff worked with other services to provide the help and support that was best for each person.

People told us that they knew who to contact if they were not happy with any aspect of the care and support they received. One person told us, "I couldn't complain about any of the carers, they were all very good."

Staff members confirmed that details about how to make a complaint was included in the information left

with people while they were receiving the service. We looked at information about complaints and saw that these had been investigated and responded to within appropriate timeframes.

## Is the service well-led?

### Our findings

The service was well led.

Staff members and the registered manager worked well with each other and other professionals to ensure people received a good service.

Good leadership was in place and the quality and safety of the care provided was regularly monitored to drive improvement.