Nottingham Cares Limited

Right at Home (Nottingham South)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 19 January 2016. Right at home (Nottingham South) is a domiciliary care service which provides personal care and support to people in their own home across the UK.

There was a manager registered with the Care Quality Commission (CQC). 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 and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed, but plans in place to identify and reduce the risk to people's safety did not always contain sufficient detail to inform staff how they should help prevent the risk. There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People did not receive the level of support they required to safely manage their medicines.

People were supported by staff who received appropriate induction, training, supervision and a yearly appraisal. Staff were fully supported by management. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

People were treated with kindness and compassion and spoke highly of the staff. People reported positive and caring relationships had been developed between themselves and the staff. People felt able to contribute to decisions about their care and were involved in the planning and reviewing of their care and how they wanted their care delivered. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the support each person required. Care records were written in a person centred way that focused on people's wishes and respected their views. Care plans provided information for staff so people could receive personalised care. A complaints process was in place and people felt able to make a complaint and felt staff would respond in a timely manner.

The service prompted a positive culture that was person centred, inclusive and open. People and their relatives described communication with the service as excellent and good. Staff felt supported by the management. All staff felt the registered manager was approachable and listened to their views or concerns. People were encouraged to share their experience about the service and feedback on these experiences. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support 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?

Requires Improvement

The service was not consistently safe.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed. However, plans in place to enable staff to support people safely did not contain sufficient detail on how to prevent the risk.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People did not always receive the level of support required to manage their medicine safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training, supervision and a yearly appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare services when they needed them. Referrals were made to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Positive and caring relationships had been developed between staff and people who used the service.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted.

Is the service responsive?

Good

The service was responsive.

People received the care they needed and staff were aware of the different support each person required. Care records provided information for staff to provide personalised care.

A complaints process was in place and people felt able to make a complaint and confident that staff would respond in a timely manner.

Is the service well-led?

Good

The service was well-led.

People and their relatives were involved in the development of the service.

Staff told us they would be confident raising any concerns with the management and the registered provider was meeting their regulatory responsibilities.

There were systems in place to monitor and improve the quality of the service provided. However management acknowledge there was still room for improvement in this area.

Right at Home (Nottingham South)

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.

We visited the service on 19 January 2016, this was an announced inspection. We gave 48 hours' notice of the inspection because the service is small and we needed to be sure that the registered provider would be available. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 also reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four people who used the service, three relatives, three members of care staff, the registered manager and the provider's representative. We looked at the care plans of five people who used the service and any associated daily records, such as the daily log and medicine administration records. We looked at three staff files, as well as a range of records relating to the running of the service, such as quality audits and training records.

As requested by us, after the inspection the registered manager sent through information relating to their medication training.

Requires Improvement

Is the service safe?

Our findings

The provider had procedures in place to help staff protect people from abuse and avoidable harm. The systems in place helped to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People told us they felt the service provided safe care and that they felt safe with the people who provided their care and support. One person said, "The care I receive is perfectly satisfactory." Another person said, "The care staff were good." We also asked people if they had an opportunity to raise concerns if they needed to. Four people told us there were system in place for people to raise concerns should the need arise. Three of the people told us they had no concerns with the service provided. However, one person told us they had followed the provider's procedure when they needed to raise a concern. They said that the service responded appropriately.

Staff showed they had an understanding about how they should keep people safe. One member of staff described the process they followed when reporting any concerns. They said they felt confident to report any concerns and identified who they should report to. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. They had systems in place to document and kept records up to date. Where any safeguarding incidents had occurred or required escalating further these were acted upon. We looked at records for safeguarding and other incidents. We saw one incident had been reported and investigated. As a result of the incident a member of staff received supervision which highlighted they required further training around professional behaviours and working boundaries. This was to make sure people were kept safe inside and outside staff working hours.

Individual risks were identified and monitored on a regular basis to address themes and trends of any incidents that may occur. People's care files contained relevant records of their individual injury and accidents. Assessments of risks to people's health and safety were carried out and we saw examples of these in the care plans we viewed. We saw where one person's care file noted they were at risk of falls and had use of a walking frame, but the risk management plan we reviewed did not include enough detail to show how staff should support this person safely. The plan did not outline any potential dangers, risks, or looked at ways to minimise these risks. We also saw where one person required a patch as part of their pain relief, the care plan stated the patch should be put in different areas of the person's body to ensure it would be effective to relieve their discomfort. However, there were no instructions or guidance to where staff should put the patch or manage this procedure safely. There was a risk that the person would not receive the appropriate pain relief.

People felt confident that staff were able to deal with any emergency situation that should arise whilst people were in their care. The service had plans in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service, for example, severe weather conditions. This meant that people would not be left without support in such an emergency. The service had a 24 hour call system in place and there was a procedure to ensure management could be contacted should the need arise.

People and their relatives did not comment on the staffing levels or if there were enough staff to meet individual care needs. However, four people said that staff stay for the duration of their calls. One person told us the service had missed one of their calls. They said, "There had been times when they had not let me know they were going to be late. I raised this with the office. They are much better now." Another person told us when staff were late no one from the office called them to let them know. They said, "After a long time I cancelled the call." We asked people if staff had enough time to provide care and support they all replied yes. Most people also told us they were never rushed by staff and felt they could go at their own pace when they completed daily tasks with the staffs support. For example when getting dressed or washed in a morning. We spoke with the registered manager who told us the company had gone through a lot of changes. The registered manager was positive that they had the right staff in place to keep people safe. They told us about implementing a new care management system that would allow people to have access electronically to staff work schedules. The registered manager said the system also allow staff to log in and record changes or issues that would be picked up instantly by the office. They said this would help to reduce late or missed calls.

We saw copies of the rota, which identified the number of staff on duty on the day of our visit. The registered manager discussed with us how they managed the staff skill mix on each shift and regularly reviewed staffing levels to make sure the service adapted to people's changing needs. They told us they would also provide care, if there were any shortfalls in the staffing levels so that people continued to receive care.

Robust recruitment processes were followed. Staff we spoke with and records we viewed confirmed staff employed had been subject to robust and relevant checks to ensure they were suitable to work with people. Staff files we looked at identified staff had completed an induction and appropriate processes had been followed to help ensure staff employed were safe to care for people.

People did not always receive the level of support required to manage their medicine safely. One person said, "I have a patch applied and staff complete a form to say they have applied it." Some people were responsible for their own medicines, but had support from their family members and were recorded as self-medicating. One person said, "Staff prompt me to take my medicine, but I am responsible for taking the medicine myself." People told us they were aware of what they were taking and when they needed to take it.

However on the day of our inspection we found not all people received the support they required from staff to safely manage their medicines. Care plans did not clearly described the different levels of support people needed. Staff had not completed any up to date training in medicine administration. The provider had identified this as an issue and put appropriate training in place for all staff to complete although this had not been implemented at the time of our visit. As requested by us, the provider confirmed a timescale for the completion of the training.

Although people's care plans contained information about what medicine they were taking staff did not always complete the medication administration records (MAR) to confirm whether or not people had taken their medicines as prescribed. We saw copies of the records that were kept in the person's file. When gaps appeared in a person's MAR chart the registered manager did not follow this up or carry out an immediate investigation or take appropriate action to address these issues. There were no audits taking place to make sure people received their medicine safely. We found some people had medicine logs on their care files, but these did not match the copy of the MAR chart on the person's file. One log stated the person's medicine had not been given due to a mistake the night before. The MAR for the same date and time stated the code for the medicine being given orally. Another person's daily notes stated "I gave [person] their medication." however the MAR chart had not been completed. Daily notes clearly stated that staff had administered some people's medicines, but the care plan stated they were required to prompt the person to take their

medicine.

Staff confirmed and records we looked at showed staff had not received up to date medicine training. The registered manager assured us that staff would receive training and they were implementing the process at the time of our visit. One staff member had received medicine train the trainer training. (This is where one member of staff is fully trained in a specific area, such as medicine administration. They are then responsible for delivering medicine training to other staff who work at the service.) The staff member responsible was in the process of organising face to face training with all other staff. The member of staff described the medicine process that should be followed by all staff.

The registered manager told us about the improvements they were making over the next few weeks to make sure people were supported to receive medicine safely. The provider had developed and was to implement a more robust medicine audit system. This would enable the service to check for any anomalies and instigate investigations in a timely manner. There were also plans in place to update how staff's competency around medication is checked. This will further enhance the medicine procedure. We were sent copies of the documents to be implemented, but they were not in place at the time of our visit. This meant there was a risk people may not receive their medicines as prescribed or in a safe way.

Good

Is the service effective?

Our findings

People were supported to have their needs assessed, preferences and choices met by staff who knew how to care for them effectively. People told us they were asked permission before staff provided any care and support. One person said, "They always tell me what they are going to do." People gave positive feedback about their care and support. One person said, "Staff knows me, they know what I want." A relative told us the staff were flexible and accommodating to their family member's needs.

Staff were knowledgeable about the people they cared for. They confirmed they had opportunities to undertake specialist training for their role, such as, dementia awareness, first response first aid, Cardiopulmonary resuscitation (CPR) and stoma care.(A stoma is an opening on the front of the abdomen to redirect body waste into a pouch.) Records showed staff had received training as part of their induction and they had attended a wide range of training, for example moving and handling, safeguarding and equality and diversity to ensure they had the skills and knowledge to do their job. One staff member said, "I have completed a lot of training." The registered manager told us staff had completed the new care certificate. The Skills for Care Certificate is a nationally recognised qualification regarded as best practice for the induction of new healthcare assistants and care workers. It also offers existing staff opportunities to refresh or improve their skills. The provider's representative told us the agency worked to five cultures of care. These included "We value care, continuity of care, communication and commitment, above and beyond and aiming for outstanding. This was to enable them to provide the best effective care for people. Each month they gave recognition to the staff who had given the above and beyond service to people. The provider's representative told us and people also confirmed they matched people with an appropriate staff member who were best suited to their personality. They also ensured people received continuity of care by having small groups of staff supporting the same people when possible. People we spoke with confirmed this did happen.

The service encouraged staff to go the extra mile. The registered manager gave examples of when this had happened. For example, they told us about a person who became ill due to an infection. They registered manager said the service would make extra calls to ensure the person was safe or needed anything. Also staff completing additional shopping deliveries in between visits. This showed us they provided effective care to meet people's needs.

Staff told us they received supervision and appraisals on a regular basis and felt the management was supportive. One staff member said, "I very feel supported." Another member of staff told us they only had to contact the office if they wanted any support. They said "They are very supportive." The registered manager had systems in place to ensure staff were supported and able to share good working practices. Staff who were inexperienced shadowed a more competent and experienced member of the team. Care coordinators told us staff were observed and checked to make sure they provided good care for people.

We found supervision took place every three months and plans were in place for annual appraisals. The registered manager told us they observed staff delivering care and gave feedback to staff about this in the form of spot checks and discussed areas of further training in the supervision. We looked at staff files and

found spot checks and discussions had taken place. We reviewed a sample of three care workers files and found that they had completed an induction, attended training such as food hygiene, pressure care management, catheter care and moving and handling. However, they had not received any training for administering medicines.

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.

People told us staff gained their consent before care and support was provided. Staff told us the people they supported had the mental capacity to make decisions about their own care and support. They told us that they had received online training in the MCA and demonstrated they understood the principals of this legislation. The registered manager told us the MCA was also covered as part of the care certificate training. They said that 20 staff had started this training, but they had identified the need to make sure all staff completed the care certificate. The registered manager gave us a specific time frame when this process would be completed. The registered manager said they were going to use it as a refresher for all staff to further encourage people to be independent wherever possible.

We checked whether the service was working within the principles of the MCA. From the sample of care records we looked at we found that people had the mental capacity to consent to their care and support. Staff told us they assumed that people had capacity however they still monitored people regularly for changes. This told us the service was working within the principles of the MCA.

Where required people were supported to eat drink and maintain a balanced diet based on their needs and preferences. One person said, "Staff are responsible for getting me something to eat and always leave me something out, so I can have it later." Staff we spoke with confirmed they supported people to go shopping and prepare food if necessary. We saw people had a completed nutritional needs assessment. Where required people had food and fluid charts in place.

People were supported to maintain good health. People gave permission for staff to contact healthcare professionals such as a GP or nurse if their needs or condition deteriorated. One relative said, "My [relation] has a district nurse call daily." The registered manager monitored daily records to ensure people received effective care and support based on their individual needs. The registered manager also told us the daily notes were used to exchange information between staff to make them aware of any concerns or changes to a person's needs. We saw referrals were made to external healthcare professionals when required.

Good

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff and with relatives. People told us they valued their relationship with the staff that provided their care. One person said, "I like some staff more than other, but on the whole I am happy." Another person said, "The staff are very good." All the people we spoke with said that staff communicated well with them at all times. One relative said "My relation talks about holiday with the staff. They are very happy." The care coordinator described how they completed a communication log for each person. They said that people were given limited access to the electronic system people planner. This is where people can access the system to inform them who is scheduled to provide care for them. The care coordinator showed us how this system worked. We also saw people could make comments and request changes to their care needs.

People were given the choice of either a male or female staff member to provide their care. Staff and the registered manager confirmed this. When we asked one person what they felt about the care provided they said, "Excellent."

People felt staff respected their wishes when providing care. They said the staff respected them as an individual and used their preferred name when speaking to them.
The registered manager told us people were at the core of everything they and their staff did. They planned person centred care and obtained sufficient information to enable them and the staff to understand the person they cared for. Staff were knowledgeable about the people they provided support to and had a good understanding of people needs and preferences.

The registered manager told us that there was great importance on the service's reputation to show the staff had good caring abilities when they provided support for people. They said they were in the process of introducing a one page profile for both people who used the service and the staff. This was to make sure both staff and people had prior knowledge about each other. This had not been implemented at the time of our visit. The registered manager said care coordinators were aware and knew the compatibility of people and the staff providing the care. They gave one example where communication broke down between the person and a member of staff. The care coordinator told us they removed the staff member and introduced another member of staff which the person was happy with.

People were supported to express their views and be actively involved in making decisions about their care and support. People told us they had been involved with care reviews and relatives had discussed their relations care needs. Staff told us they listen to what people said and want. They made sure people were actively involved in making decisions about their care and support. People told us that they had had been involved in developing their care plans. This also enabled them to say how they wanted staff to provide their care and support. People told us staff involved them in day to day decisions by providing choices. We found where people had requested not to have a copy of their care plan in the house this was recorded and respected. This information had also been uplifted to the electronic care planner, which staff could access the information when needed. They said that they felt their opinions and decisions were respected. Care records we looked at showed how people wanted their preferred care provided. This told us people had the

opportunity to make choices about their care.

People who used the service had information available to advise them on what they could expect from the service. This also included information about independent advocacy services. An advocate is an independent person who expresses a person's views and represents their interests. Staff confirmed the service actively sign posted people to the relevant and current advice where ever possible.

People received care and support that respected their privacy and dignity. People were also encouraged to independent. People and their relatives made positive comments about how they were treated. All the people we spoke with told us they were treated with dignity and respect., but did not give us any examples. Staff gave examples that showed they were respectful of people's privacy and ensured their dignity was maintained. One staff member told us, "I always knock on the bedroom door before I go in. I close curtains and doors during personal care and make sure no one else is in the room." The registered manager told us they had systems in place to monitor and make sure this was happening. They were in frequent contact with people who used the service by telephone to gain their feedback to make sure they received excellent care, but this was not recorded. The registered manager acknowledged this was an area they would improve.

Good

Is the service responsive?

Our findings

People's care and support was planned and arranged and they were actively involved in making decisions about their care and support. People and their relatives agreed the service discussed their care on a regular basis, by completing care plan reviews and updating their care needs that was relevant to the person.

Out of five people we spoke with one person disagreed when we asked if the staff arrived on time and stayed for the duration of the call. The person discussed their concerns with the service .They told us things had now improved.

Assessments were undertaken to identify people's support needs and care plans were developed to outline how these needs were to be met. These were reviewed on a regular basis and changes were made if needed. The registered manager explained when they go out to assess people they discuss what support they need and this included the frequency and times of visits.

Care plans were person centred and files we looked at showed people's preferences and wishes had been discussed and assessed. This included consideration of people's religion and spiritual needs. We found information about people's life history, interests and hobbies. People's short and long term goals were recorded. The provider's representative told us they had regular contact with Nottingham elderly forum to help stop people being isolated. This meant if they felt a person was isolated they would provide literature and direct them to relevant volunteer groups. We saw correspondence where the service had shared this information with some of the person who used the service that may be in need this sort of contact. The provider's representative told us they had taken people on outings and provide companionship time. For example taken people to football matches, out for meals, dancing and visits to hospital or the GP. We saw evidence that some of these outings had taken place. The provider's representative also told us they wanted to implement a new volunteer service to ensure people were less lonely, but this had not been implemented at the time of our visit.

The registered manager told us of the system in place that reviewed people's care packages. From the sample of care records we looked at we found people had participated in review meetings periodically throughout the year. Where people had requested a change to their care package we saw that this had been responded to and changes made. We looked at minutes from, team meetings and peoples changing needs had been discussed.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. People we spoke with and their relatives commented that they would speak to the staff and contact the office or the registered manager if necessary. All people we spoke with told us they had no complaints about the service provided. One person told us they had raised concerns in the past and the service did not respond in a timely manner, but felt this had improved recently. .Staff were aware of the complaints procedure and what their role and responsibilities were. They told us that anything that was identified to them as a concern and they could resolve it they would do, but they would also speak with the registered manager.

We found that the provider had a complaints policy and procedure and that this was shared with people that used the service as part of the service guide. There was a system in place to record and monitor complaints. The registered manager told us they had not received any in the last 12 months.

Good

Is the service well-led?

Our findings

The service prompted a positive culture that was person centred, inclusive and open. All the people we spoke with felt the service was well run. One person said, They provide a very good service." Another person told us they felt the service was "Excellent." Two relatives commented the way the service was run was good.

People described the communication with the office as either excellent or good. Two relatives told us the communication with the office was good. One relative said, "Having a dialogue with the staff about [family members] care is brilliant .They listen to our needs as well as [family member's]".

We spoke with three staff members who told us they felt supported by the management. One staff member felt the support was consistent. They said, "We can contact the office or on call duty phone line at any time. They also said they were well supported by their line manager and had use of a phone planner where they had access to their weekly rotas." Staff we spoke with had a clear understanding of the provider's vision and values for the service. This included an understanding of their different roles and responsibilities. One staff member said, "The service is good to work for and we provide excellent care. Another staff member said, "The company are very good at responding to people's need. Anything a person wants they try to accommodate them where possible."

A registered manager was in post. All staff we spoke with felt the registered manager was approachable and listened to their views or concerns. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed.

The service had quality assurance systems in place, but they had not completed any audits to check if MARS were completed correctly. We spoke with the registered manager and they told us they would implement this immediately.

People that used the service and their relatives told us that they were given opportunities to share their experience about the service as a whole, and how it met their individual needs. In addition, the registered manager told us they sent questionnaires and we found the feedback from these were positive. We also found people shared their views electronically. These comments were also positive, for example, one family member commented, "We have found staff very helpful; and friendly. They have enabled [Name] to settle into a new way of living." Another relative commented "The care staff attended to my relation needs were friendly and worked well with them. We saw If any issues had been identified these were addressed and action was taken.

People were asked their opinions about the care and support they received. The registered manager monitored the quality of the service by speaking to people to ensure they were happy with the service they received. The registered manager also undertook spot checks and made telephone interviews to review the care staff provided. This included observation of care. Records we viewed showed us these checks did take place. Staff confirmed management completed unannounced spot checks. This was to assess how well they provided care, that they were wearing the correct uniform, and that they were competent in the support

they provided. Staff said that they received feedback on their performance and that this was helpful. We saw records that confirmed what we were told.

Staff were aware of the reporting process for any accidents and incidents. The registered manager showed us how these were recorded and gave examples of action that had been taken to reduce incidents from reoccurring. The registered manager told us they believed that incidents and errors were a learning exercise and an opportunity to review and improve the service provided. They discussed a time when a person was not happy with the care staff they provided and communications broke down between the staff member and the person. The registered manager said we made sure measures were in place to ensure the person was happy with the staff who cared for them. We took action and replaced the staff member and introduced another member of staff a number of times before they provided care. This was to make sure they could build up a good relationship with the person.

Staff were aware of the provider's whistle blowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff told us they would not hesitate to use the policy if required to do so.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.