

Norfolk County Council

NCC First Support - Western

Inspection report

Priory House
9 Austin Street
Kings Lynn
Norfolk
PE30 1EB

Tel: 01553669300

Date of inspection visit:
28 September 2016

Date of publication:
07 November 2016

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 visit took place on the 28 September and was an announced inspection. This meant that we gave the service notice of our arrival so that we could ensure someone was available at the office. We undertook telephone calls with people that used the service on 3 and 4 October 2016.

The service is registered to provide personal care to people living in their own homes. At the time of the inspection there were 60 older people using the service. The service is for a period of up to six weeks and aimed at reabling people to become more independent.

There was a registered manager for this service, who was available every day. 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 using the service. Staff were trained in adult safeguarding procedures and could identify what to do if they considered someone was at risk of harm, or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and carried out by staff who were competent to do so. Risk assessments recorded what action staff should take if someone was at risk. Referrals were made to appropriate health care professionals where necessary, to minimise risk going forward.

There were sufficient staff to keep people safe and meet people's needs, and the registered manager had followed safe recruitment procedures. Staff were competent with medicines management and could explain the processes they followed.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005. The registered manager understood that there should be processes in place for ensuring decisions were made in people's best interests.

Staff were caring, knew people well, and supported people in a dignified and respectful way. Staff acknowledged people's privacy. People felt that staff were understanding of their needs and had positive working relationships with people.

The service provided individualised care according to each person's needs and preferences. People and their relatives were involved in assessment and reviews of their needs. Staff had knowledge of changing needs and supported people to make positive changes to their care plans.

People and staff knew how to raise concerns and these were dealt with appropriately. The views of people, relatives, health and social care professionals were sought as part of the quality assurance process. Quality

assurance systems were in place to regularly review the quality of the service that was 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 knew how to recognise and report abuse and had received safeguarding training.

The service had sufficient staff to ensure needs were met and people were safe.

The service managed risk effectively and regularly reviewed people's level of risk.

Medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

The service provided staff with training and they received supervision and observations from the registered manager.

People were supported to maintain good health, and were encouraged to eat a healthy diet.

The service had policies in place for the Mental Capacity Act 2005. Staff sought consent and recorded this.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and dignity. They took time when delivering care and listened to people. Staff acknowledged people's privacy.

People were consulted about their care and had opportunities to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs.

People were supported to maintain hobbies and interests they enjoyed.

People knew how to express their concerns and feedback was encouraged

Is the service well-led?

The service is well led.

The registered manager sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing safety and the service provision.

Good ●

NCC First Support - Western

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 visit took place on 28 September 2016 and was an announced visit. This meant that we could make sure someone was available on the day. Telephone interviews were carried out on 3 and 4 October 2016 with people that used the service and their relatives. These interviews were completed by 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.

We reviewed the notifications that had been sent to us. We also contacted social care professionals within the county for their views.

We spoke with 12 people that used the service and six relatives. We also spoke with the registered manager, a rehabilitation practitioner and five care staff. We reviewed the care records of six people, training records and staff files as well as a range of records relating to the way the quality of the service was audited.

Is the service safe?

Our findings

People told us that they felt safe using this service. One person told us, "I feel very safe because I have the support of the carers here with me". They went on to say, "I have never felt bullied by them and just a few short weeks they have really become like members of the family." Another person told us, "I was very nervous when I first came home, because I really worried that I wouldn't be able to do anything for myself without worrying about when I was going to have the next fall. Because of the care and attention that the carers have given me, I have had the time and the support to build up my confidence to a point where I think I will be alright to look after myself going forward."

Staff had the knowledge of how to protect people from harm when using the service. Staff felt confident to raise concerns with their line manager and gave us examples of when they had done so. Staff were able to explain to us the processes that were in place for protecting people from harm. The registered manager told us, and staff confirmed that they had received relevant training to keep people safe, and we saw records that confirmed this. This showed us that staff were committed to keeping people safe and had the support to do so.

We saw that risk assessments were in place in people's care records. These included relevant risk assessments for the delivery of care services and environmental risk assessments for general safety. We saw for example that people who were at risk of falls had a plan in place to support staff to minimise this risk. Staff told us that they found these risk assessments useful, and were able to tell us what they would do if someone had, for example, fallen. We also saw that each record contained general information about what staff should do if they found a person had fallen. This meant that staff had access to relevant information and who to call for support should they need it.

Some people who used the service may have been at an increased risk of developing pressure areas. We saw that in these instances that staff could tell us what care records said about pressure care and gave examples of what they should do. For example, staff supported one person to change position at every visit due to the risk of developing pressure areas. We saw that their care record showed this. A staff member told us that this person's condition had worsened and the equipment they used to support this person to move was no longer viable. The staff member had requested different equipment and there was a new risk assessment for this. This meant that where people were at risk of developing pressure areas, staff supported them in a way that reflected changing need.

The registered manager told us that staff undertook the initial risk assessments and had received training. The staff we spoke with confirmed this. They carried out a risk assessment at the initial visit and covered the care that the person said they wanted to receive from the service. The management team then visited the person to carry out a more detailed risk assessment of the person's needs. This was recorded in the care records and staff confirmed to us that they were aware of any changes and where to find the information.

People told us that they felt there were enough staff to meet their needs. They also told us that they knew the staff that were due to visit them. One person told us, "I always know who will be coming, because the

carer before will usually tell me. In the five weeks I have been with the agency, I have only ever seen the four carers who regularly look after me." Another person confirmed, "In the weeks that I have been using the agency, I have never once had to prompt a carer that they are trying to leave before their time".

Staff told us that staffing levels were sufficient in order to meet the needs of people that used the service. The staff team were responsible for managing the rota's to meet the visits that were required. The registered manager told us that each day they checked the rota's in place and asked the management team to look at any gaps or issues. The registered manager said that there was a 24 hour 'hub' that supported staff. This 'hub' sent the referrals to the teams and also acted as a support to staff working outside of core working hours.

The registered manager followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced. This meant only staff deemed suitable by NCC First Support Western were employed to work with people at the service.

The large majority of people that received a service from NCC First Support Western were only prompted by staff to take their medicines. On the very rare occurrences that some that did receive more defined support we saw that there were processes in place. Staff confirmed that they received medicines training. Staff told us that after their training they received spot checks or competency checks to ensure they acted accordingly. We saw that these checks had been recorded and the management team confirmed that they carried them out.

We saw that the care records contained details of a person's level of support that they needed with their medicines. These records also showed where people kept their medicines and who reordered any medicines on their behalf. We saw that people had a Medicines Administration Record (MAR) if they received support and these were with the care record. We saw that this MAR was not always completed accurately and that there were gaps. Staff were completing the people's daily care notes with information about medicines that had been given. This meant that staff did know what medicines people had taken and when, but had not followed best practice with recording this. When we spoke with staff they were confident with medicines administration and how to complete a MAR. Staff also told us what they would do if there was a medicines gap or error. Staff confirmed that they would ask a person if they had received their medicines and would record it in the daily notes.

When we spoke with the registered manager regarding this they informed us that they had recently reviewed the audit tool they used for medicines. We were satisfied that people received the correct medicines and staff were adequately trained to administer medicines. We concluded that whilst there had been some gaps within the MAR the registered manager was aware that work needed to be undertaken. This was to ensure better audits for MAR were in place and that organisational processes were followed.

Is the service effective?

Our findings

People told us that staff were trained so that they could support them with their care needs. They told us that their needs changed weekly as the service supported people back to recover and regain their independence. One relative told us, "Because my [relative] has the same regular carers, they know them by now and understand what help they need".

The registered manager showed us their records for staff training and the timetable for when this was due for renewal. Staff confirmed to us that they received the relevant training they needed for their role and that this was useful. Staff also told us that they could ask for additional training if they felt there was an area they wanted to learn more about. They said that their line managers were responsive to this.

We saw that staff undertook the Care Certificate (this is a set of standards that social care and health workers work to in their daily working life). Existing staff were supported to undertake a formal qualification in health and social care. Staff also told us about the induction that they received, which included initial training and shadowing more experienced members of staff. Staff and team leaders confirmed that a staff member was not able to work alone until this process had been assessed and signed as competent in their role by a senior staff member. Staff felt this process was helpful, and also confirmed that they could ask for further shadow experiences if they felt they still needed it.

The care manager and team leaders told us that they measured staff competency in a number of ways. This included observations; spot checks and formal one to one meetings with care staff. We saw that records and the outcomes were kept in staff files. Staff confirmed to us that these were useful and helped them to carry out their role effectively. Staff told us that they did not need to wait until these formal occasions to seek support from their line manager. They could do this at any time; meaning that staff had support at all times to carry out their role.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and we found the service to be consistent with legislations.

People told us that they were always asked for their consent and signed to say they had received care. One person told us, "[Staff member] will sit down and fill in the records of what they have done and then they sign it, I will also sign to say that they have been and also to agree the care and amount of time that they have been here."

The registered manager and staff could explain to us what the MCA meant for people and they confirmed they had received training. Staff told us that they sought consent from people using the service and how they recorded this. Staff told us that if they were unsure of someone's capacity to make a decision or if they noticed changes they would inform their line manager. The registered manager told us that they worked closely with the local authority social work team and would refer any people to them if they needed to. We saw in care records that staff made a note of whether the person understood the care service offered and what that meant for them. We saw that this had been completed. We noted that care records had been signed by the person receiving the service. This confirmed to us that consent was always sought from people using the service in line with best practice.

People told us that they chose what meals they would like to eat. One person said, "[Staff] will have a look in the fridge and the cupboard and tell me what I have that will make into a sandwich for me. They always leave the choice to me. If I don't fancy a sandwich, then they will usually warm me up a tin of soup or something similar." People also told us that staff left them with drinks throughout the day. A person said, "[Staff] are very good and they will always offer me a hot drink when they are here and they will leave me with a small jug of water so that I have drink for the hours in between my visits."

Care records showed us that staff offered choices at meals. We saw on one care record that a staff member had arrived at tea time and the person had not liked their lunch. They had prepared a larger tea for the person and recorded the food they did not like. Staff confirmed that they would always make a person something else if they changed their mind or did not like something.

There was no one at risk of not receiving enough to eat or drink at the time of our visit. However staff confirmed and we observed in daily records that they recorded food and drinks. We saw that drinks were left throughout the day and staff encouraged a varied diet. Staff told us that in the past they had supported people who had required an assessment from the Speech and Language Therapy Team (SALT). They told us what these assessments had meant and how they supported people with either alternative diets or thickeners for any drinks.

People told us that they normally had support from family or friends to access healthcare services. One person, however, told us, "I'm sure if I had needed anybody over these weeks, my carers would've been more than happy to contact them for me."

Staff told us that they felt confident to call for assistance from other healthcare professionals when they needed it. There was detailed information in people's care records of appointments with professionals, and the outcomes. We also saw that some people had support overnight from different agencies for specific healthcare needs. We saw that information was left by these different professionals so that NCC First Support staff knew how the person had been overnight and any action that had to be taken for this person's needs. Staff confirmed that they would support people to attend any healthcare appointments.

Is the service caring?

Our findings

People told us that staff were very caring and encouraging. One person told us, "Staff have encouraged me to do as much as I can, they have seen the improvements I have made". People told us that staff made time for them. For example, one person told us, "We always have time for a chat when one of [staff] is here". Another person confirmed this, "It is nice to have a chat".

People told us that their calls were on time and that staff stayed for the allocated time, if not longer. One person told us, "The [staff] are all very good and make sure that they spend the time that they are supposed to with me". Another person confirmed that despite there being a lot of tasks, staff never hurried them. They told us, "There is quite a lot for them to do in the time that is allowed and if anything, we will often be a little bit over the time."

The registered manager told us that the service was a reablement service and was in place to encourage independence. It was a short term service of up to six weeks. At the end of this time the person was either able to manage independently or went on to receive support from another agency for longer term care. Staff told us it was important to be empathetic and listen to people when delivering any care, to achieve independence. They said that by getting to know a person they felt more able to deliver care that was effective to that person.

Staff gave us examples of how they maximised a person's independence and confidence whilst using the service. For example, they asked people what tasks they wanted to achieve themselves and supported them to do this. One staff member told us that they had sourced a 'sponge on a stick' so that a person could independently wash their own back. Another staff member told us that to enable someone to wash their lower legs they had got a lower chair so the person could reach. Staff felt empowered to support such independence and told us that they thought it was the most rewarding part of their role. It showed us that staff were supportive of encouraging independence in an innovative manner, but were also available to support when needed.

People told us that they were involved with their care planning and that their relatives were able to join them. One person told us, "The care plan was written following a meeting I had with the manager about a week after I got home. I was asked lots of questions and we had quite a lengthy discussion. My carer brought me the written up plan to look at a couple of days later and I signed it and it's now in my folder". A relative confirmed this, "My [relative] came home initially with the care that they had assessed as needing when they were in hospital. After four or five days, the manager came out to see us and we talked for a long time about how the first few days had gone and what we needed help with going forward, so that hopefully by the end of six weeks we wouldn't need to have much support ongoing. The manager went away and wrote the care plan which one of the [staff] brought back a few days later for us to look at. Once my [relative] and I were happy with it, my [relative] signed it."

The registered manager told us that the initial referral was received by the team from a 'hub' within Norfolk County Council. Staff confirmed this and told us that following this referral they would make an

appointment to meet the person. At this appointment they would discuss with the person what support they wanted and what outcomes they wanted to achieve. We saw in the care records we viewed that this took place, and that the person was involved. Care records showed that if a person wanted a family member or friend to be present staff had made the appointment for when they would be available.

Staff worked with people to plan their care, and this was adapted over a period of up to six weeks. As a person became more independent and wanted to adjust their care record this was done between them and staff. A more in depth review meeting was undertaken shortly after the service began by the reablement practitioners who reviewed this with the person.

People told us that they felt staff respected their privacy and dignity. One person told us, "[Staff] will usually just hover outside the bathroom door whilst I am having my shower as they know that I value my privacy and now that I am capable of doing most of it for myself, They don't like to interfere too much, albeit that they are there as a support for me."

Staff were able to tell us the principals of good care and what that meant for people who used the service. Staff confirmed how they maintained people's privacy and would shut the door and curtains before delivering care. One staff member told us that they treated the people using the service how they would like to be treated themselves.

We saw in daily records that details of tasks were recorded by staff and signed by the people using the service. We found these records to be polite and courteous and respected people's privacy and dignity. This showed us that staff were caring and compassionate, whilst encouraging independence. The registered manager and staff were committed to involving people in their care planning and saw this as an important step towards re-ablement.

Is the service responsive?

Our findings

People told us that they were able to make choices about their care and these were individual to them. One person told us, "As well as being asked what time I would like to get up and go to bed I was also asked if I preferred male or female carers". Another person confirmed this and told us about what choices they made. For example, "The agency have been good though and asked me on what days of the week I would like that support rather than me being told it has to be Monday and Thursday for example. I was also asked what timings I would like for the visits together with whether I preferred male or female carers".

People told us that they had their care needs reviewed. As the service people received was a short term service, this happened earlier on in their care. One person told us, "Because the manager waited a few days before coming to see me, it made it much easier to plan what was needed going forward. We are now concentrating on the key problems of washing and dressing independently". Another person told us, "My care needs were reviewed once I'd been home a few days so we could look at the problems I was having with my shower and the help was changed to assist with this instead".

We reviewed the care records of six people that used the service. The registered manager confirmed that there were paper records available in the person's home and an electronic version for the office. Staff told us that they found the care records useful not only to deliver a service but to get to know people. The care records showed individual outcomes of what they wanted to achieve, and how they wanted to achieve them. Staff told us that they offered people the choice of having support or carrying out a task independently. Staff confirmed that they maintained these records with people to ensure they remained individualised to them. This showed us that the registered manager and staff were committed to delivering individual care that was relevant to the person.

People and their relatives told us that staff were integral to supporting them to maintain hobbies and interests. One person told us, "I have some dear friends who come and take me out, so [staff] gets me ready for when they arrive". A relative told us, "My [relative] goes to the day centre twice a week so I can have some time, so their care is vital in helping to get them ready in the morning before the transport comes."

Staff encouraged people to follow their hobbies and interests where they could. Staff also told us that due to the nature of the service they were able to spend more time with people. The service was flexible to the needs of the person, for example if a person needed more time on one day then this was available. A staff member gave an example of how they had supported a person to get back out into their garden. They explained that this person loved the garden but was nervous to go out there. The staff member encouraged the person to sit by the door, then just outside the door and then in the garden. This supported the person to maintain their interests but also at a pace that worked well for them. Another staff member told us that a person liked to go for a walk. After lunch they would walk with them up to the end of the road and back, until this person felt confident to do it alone. This showed us that staff supported people to engage in activities that they enjoyed whilst encouraging confidence and independence.

Staff told us that they would also signpost people to other agencies that could support them to maintain

hobbies and interests outside of their visits. They told us that they could refer to befriending agencies and to day centres. Staff felt it was important for people to maintain links with the community and their hobbies as this defined who they were.

People told us that if they needed to discuss anything that they were not happy about they would talk to the manager. One person told us, "I'd talk with the manager, who I have met". A relative confirmed that they would also, "Contact the manager". No one we had spoken with had raised any concerns regarding the service they received.

We saw in care records that there was a feedback form contained, and we saw that these had been completed. As the service was a transient service this was the most effective way of gaining feedback. There was also a complaints process in place that was dealt with centrally by Norfolk County Council. We saw that the service had received one complaint in the last year and this had been dealt with in line with policy. Staff told us that they felt confident to raise any concerns people told them, and that they would be acted upon.

Is the service well-led?

Our findings

People told us that they felt the management team were very approachable and they made themselves known to people using the service. One person told us, "They were very approachable, lovely person and did not rush me at all". Another person told us, "Considering I had never met the manager, they made me feel really comfortable and confident about my future prospects for recovery".

Staff told us that they felt well supported by their immediate line manager and the registered manager. One staff member told us, "[Registered manager] is very loyal, very caring and very fair; they always have time for you". Another staff member said their line manager trusted their judgement and listened to them. We saw that the organisation had a number of long standing staff members and everyone we spoke with told us morale was good. One staff member told us, "I love my job, it is the best job I have ever had". Likewise the registered manager spoke highly of their line manager, and said that they too felt well supported in their role. Staff told us that they knew how to raise concerns outside the organisation, and no one told us they had cause to do this.

Staff told us that they could see their line manager or the registered manager at any time. They also said that they were a close team and were very supportive of one another. This showed us that the management team were committed to having an open organisation and they listened and supported their staff.

The aims and values of the service included empowering people to be more independent. Staff understood these values and championed them at any opportunity. Staff took pride in their roles and gave examples of how they worked with people to meet their goals. Staff told us that they had regular staff meetings and that they could say if they thought changes were needed. For example a staff member told us that they felt a person needed different equipment, they raised this in the staff meeting and it was arranged.

We saw that appraisals were in place to look at staff members overall performance and set goals for the following period. Staff received observational shifts and this encouraged them to learn from the management team and apply best practice. Staff told us that they found team meetings, appraisals, observations and formal one to one meetings very useful. They concluded that this supported them well in their caring roles.

The registered manager understood the key challenges and achievements of the service. For example the registered manager told us that their re-ablement figures were above the county average. This meant that as a service they had increased the number of people who went on to independent living rather than receiving on-going care. This was something they and their team were proud of. The registered manager told us that there were monthly meetings with the managers of the other services. This supported the registered manager to learn best practice and provide a consistent service in line with the other NCC First Support teams.

The registered manager said that quality and health and safety audits were done centrally by Norfolk County Council and we saw records that confirmed this. As this was part of the local authority they have an internal

audit team to support the service. Locally the registered manager has recently amended their auditing tool. The audits for care records had changed and will look at care records in more detail to focus on quality. This will include checking that all records are concise and consistent with online records, and whether the document is signed. The audit will also look at whether the satisfaction form has been completed. This had been undertaken as the registered manager wanted to ensure staff continued to complete records appropriately. They had introduced a set of guidance notes alongside this audit to ensure continued learning, as well as it being a standing item on the team meeting agenda. The manager undertook a number of other audits that included medicines checks and staff spot checks. We saw that the registered manager audited the rota every day to ensure that the service was adequately covered. We saw that the registered manager was committed to overseeing the service and its outcomes. This meant they could learn from shortfalls and ensure good quality for those that used the service.

There was a feedback section in each person's care records. We saw where the registered manager had picked up on individual comments, and the actions that took place were noted. The service had submitted all the relevant notifications that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety.