

Norton Nurses Limited

# Norton Nurses Limited

## Inspection report

1 Notre Dame Mews  
Northampton  
Northamptonshire  
NN1 2BG

Tel: 01604635090

Website: [www.nortonnurses.co.uk](http://www.nortonnurses.co.uk)

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09 April 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Norton Nurses is a domiciliary care service that was providing personal care to 37 people at the time of the inspection.

Norton Nurses is registered to provide care to children, younger adults, older people and people with dementia, physical disability, sensory impairment and mental health needs.

People's experience of using this service:

- The provider displayed CQC's rating of performance at their business location. However, they failed to display this on their website.
- Staff absence and the management team providing care to people had impacted on the management team's ability to undertake regular reviews of risk assessments and care plans, and to undertake staff supervisions and co-ordinate team meetings.
- People were supported by staff that were kind and caring, their privacy and dignity was respected.
- People felt safe receiving care from Norton Nurses. People were supported by staff that had been safely recruited and had adequate training to meet their needs.
- People received their medicines on time.
- Risks associated with people falling, skin damage or eating and drinking had been identified and plans updated as and when people's needs changed. Staff understood risks associated with people's healthcare conditions.
- People were supported to eat and drink enough and to attend healthcare appointments when needed.
- People's choices were respected and they were in control of their care.
- People's independence was promoted and they received individualised support from staff that knew them well.
- Concerns and complaints were promptly responded to and people knew the management team by name.
- The service met the characteristics for a rating of 'requires improvement' in two of the five key questions we inspected and a rating of 'good' in three. Therefore, our overall rating for the service after this inspection was 'requires improvement'.

Rating at last inspection: Good (Report published 27 July 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

Enforcement:

At this inspection we found the service to be in Breach of Regulation 20A Requirement as to display of performance assessments of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below

Requires Improvement ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

Requires Improvement ●

# Norton Nurses Limited

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of one inspector.

#### Service and service type:

Norton nurses is a domiciliary care service. It provides personal care to people living in their own homes. Not everyone using Norton Nurses received the regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 37 people were receiving personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

Inspection site visit activity started on 08 April and ended on 09 April 2019. We visited the office location on 08 April to see the manager and office staff; and to review care records and policies and procedures. We also spoke to relatives on the phone. We visited people in their own homes and spoke with relatives and staff on the 09 April.

#### What we did:

The provider completed a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; feedback from the local authority, professionals working with the service and the clinical commissioning group (CCG). We used this information to plan our inspection.

During this inspection we spoke with three people who received personal care, and four relatives. We spoke with the provider, registered manager, one team leader, the trainer and three members of care staff.

We reviewed three people's care records and other documents relating to the management of the service such as policies, audits, meeting minutes and safeguarding records.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Risk assessments for falls, skin damage and eating or drinking enough were completed and updated as required. People, relatives and staff told us they notified the management team if there was a change in their health condition.
- Staff were aware of risks associated with people's health and wellbeing. One person needed to be sat in an upright position for their meals and have meals pureed to reduce the risk of choking. Staff we spoke with knew how to support the person safely and the person felt safe at mealtimes.

Staffing and recruitment:

- People told us they had not experienced any missed calls and staff were on time. A relative told us, "We have never had any missed calls and they [staff] always apologise if they are late, but that doesn't happen very often."
- There were sufficient staff employed. However, at the time of our inspection the management team were providing care to people due to sickness absence. This meant people were supported by staff that knew them well and stayed for the time required.
- Safe recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. This included seeking an enhanced disclosure and barring service (DBS) check and references from previous employers.

Systems and processes to safeguard people from the risk of abuse:

- People confirmed they felt safe receiving care from Norton Nurses. One person told us, "I feel safe, they [staff] do the right procedures."
- Safeguarding systems and processes were in place and embedded in practice. Staff knew how to recognise abuse and protect people from the risk of abuse.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Records showed, the registered manager had appropriately reported and investigated safeguarding concerns.

Using medicines safely:

- Medicines systems were organised and people told us they received their medicines on time and as prescribed.
- Staff did not give people medicines until they had been assessed as competent to do so.
- Medicines administration was audited daily by a member of the management team.

Preventing and controlling infection:

- Staff had a good knowledge of infection control requirements.

- We observed staff to appropriately use personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong:

- Accidents and incidents were reviewed daily by a member of the management team to review trends or patterns and identify learning. Accident and Incident data identified one person had declined to take their medicines during visits. The provider promptly arranged a review with the GP where the person's medicines were reviewed.



# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before receiving care from Norton Nurses.
- People's needs were detailed in their care plans. This included support required in relation to their culture, religion, likes, dislikes and preferences.

Staff support: induction, training, skills and experience:

- Staff received suitable training to ensure they had the skills to do their job, this was refreshed as needed.
- An induction process was in place for new staff. This included shadowing more experienced members of staff until competent.
- All staff accessed training the provider deemed as mandatory and had undertaken or were working towards the care certificate. The Care Certificate is a set of standards that social care and health workers should adhere to during their working practice.
- Staff told us they felt supported by the management team and could approach them at any time should they need support. Records showed spot checks to review staff's practice were undertaken regularly.
- Staff received annual appraisals that considered their development needs.

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

- People's care plans reflected the support they needed to eat and drink enough. One person told us, "They [staff] don't rush me with my meals." Another person told us, "I am well fed and watered."
- Records showed the service had liaised with health professionals for advice regarding people's dietary needs when they were at risk of choking. This was reflected in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care:

- People received individualised support as detailed in their care plan.
- Regular reviews were undertaken with commissioning authorities to ensure Norton Nurses continued to meet people's needs.

Supporting people to live healthier lives, access healthcare services and support:

- Staff knew people well and provided care and support to prevent a deterioration in their healthcare condition. One person told us, "The skincare is very good... if my skin gets bad, they [staff] know what creams to use, and we get on top of it [skin condition]."
- Staff recognised when people needed healthcare support and co-ordinated appointments with professionals such as the GP, speech and language therapist and district nurses.
- People were supported to attend health appointments if they were unable to attend with their relatives.

- The service liaised with the local hospital to support people to return home when they were well enough. One relative told us, "[Relative] is in and out of hospital, they [service] go into the hospital to visit [name] and organise care for a prompt discharge."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no restrictions on people's liberty.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and caring. One person told us, "The care is never rushed. I say treat me how you would your parents and they [staff] do... we are relaxed in each other's company." Another person told us, "Their [provider's] choice of staff is terrific. The [staff] are very caring."
- Relatives gave positive feedback about staff's approach. One relative told us, "They [staff] are really friendly, cheerful and treat us as friends." Another relative told us, "They [staff] are cheerful, helpful and caring. We cannot fault them."
- People and staff had developed caring relationships together and enjoyed each other's company. One person said, "I have a great laugh with the carers." Another person said "They [staff] are chatty. I really like them." A staff member told us, "I am very fond of [name of person] we are like an extended family."
- Staff completed training in equality and diversity and were committed to ensuring people's equality and diversity needs were met.
- People's cultural and religious needs were detailed in their care plans.

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

- People were in control of their care and told us staff did not do anything without their permission.
- People receiving care from Norton Nurses did not require the support of someone to help them speak up about their care.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected. One person told us, "They [staff] close my curtains [during personal care]." A relative told us, "They [staff] are very respectful of [names] dignity, there is no embarrassment."
- People and their relatives felt comfortable with staff supporting them in their home. One relative told us, "I think every single one of them [staff] goes over and above. Staff come into your house every day. Your house is your home, it's not a care home. I never feel they [staff] are intrusive in my house, they have a very good way about them, that is worth its weight in gold."
- People were empowered to be independent and were very much in control of their care.
- Staff recognised the importance of confidentiality and had recently undertaken training on the General Data Protection Regulation (GDPR).

## Is the service responsive?

### Our findings

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

Requires Improvement: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At the time of the inspection some people told us not all their visits were at their preferred times. The management team had consulted with people to change some of their times for an interim period due to sickness and absence. One person told us, "There has been a more recent issue with times as three [staff] are off, but I would rather that than not have them [Norton Nurses]."
- Care plans had not been reviewed regularly. However, records showed these were updated as and when people's needs changed. One person told us, "I am involved in reviews and let them [management team] know if there are any changes." A relative told us, "Care plans have enough information."
- People told us care was not rushed and staff met all their needs. One person told us, "Before they go, most of them [staff] ask if there is anything else I need." A staff member told us, "No one has ever said they feel rushed."
- People's care plans reflected their individual needs. They detailed people's preferences, routines and how staff could best support them. People's preference for male or female staff was recorded on their profile.
- People had access to their rota via applications on their mobile devices. Some people chose not to access this as they were assured a member of staff would attend that knew them well. One person told us, "I get the same carers consistently, they are on time and stay as long as needed." A relative told us, "I don't bother to look [at the rota]. I can go online but I don't as visits are a regular time and regular people, so we don't worry."
- People's care plans were person centred, as was the care delivery. People were in control of how their care was provided and staff respected people's wishes.
- Staff knew people's hobbies and interests and spoke with people about these.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. One person's speech was not always clear. Staff knew to support the person to spell their needs by repeating the alphabet.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint or raise a concern. A relative told us, "Any concerns, I contact [management team], they always respond. I've never needed to make a complaint."
- The provider had a policy and procedure in place to manage complaints. Records showed two complaints had been received, investigated and responded to.

End of life care and support:

- People's end of life care needs had been discussed and were reflected in their care plans.
- Where people had an advanced directive, a copy of this was available for care staff.

# Is the service well-led?

## Our findings

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager and provider did not always understand the regulatory requirements. It is a legal requirement for the provider to display the CQC's rating of performance at the providers place of business and on the provider's own website. We found that whilst the rating was displayed at the location, it was not displayed on the website. The provider did not take prompt action as agreed during the inspection to ensure this requirement was met.

This is a breach of Regulation 20A Requirement as to display of performance assessments of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- There were enough staff employed to meet people's needs. However, in recent months due to unforeseen staff absences, the management team had undertaken people's care to ensure visits were not missed. This had impacted on the management team's ability to undertake regular supervisions, review care plans and risk assessments and co-ordinate staff meetings. The registered manager told us these would be re-introduced at regular intervals from May 2019.

- Systems were in place to monitor the quality and effectiveness of the service and to ensure any risks were well managed.

- The electronic record keeping system was monitored by a member of the management team every day. This enabled the management team to take prompt action to address any issues of concern. For example, one person consistently refused their afternoon medicines. The management team arranged a review with the GP and the person, whereby the medicine was discontinued.

- The management team undertook regular spot checks on staff's performance. Records showed issues relating to uniform and late arrivals were addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Staff told us they did not have regular staff meetings. One staff member told us, "We don't have team meetings, they would be good as it's nice to see staff at training." The registered manager told us they planned to introduce quarterly staff meetings to share best practice and undertake training.

- People, relatives and staff knew the management team by name and contacted them with any concerns or queries. One person told us, "[Management team] are very approachable."

- People and their families were asked for feedback via surveys to drive improvements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People received person-centred care that took into consideration their individual needs.
- Staff were proud to work for Norton Nurses and felt valued by the management team.
- The provider met the regulatory requirement to be open and transparent with people using the service when things went wrong.
- We saw compliments from relatives that said, "[Relatives] wish was to spend his last days in his own home and you made this possible by organising your wonderful team at short notice. This has been very much appreciated by the family." And "Thank you for your help yesterday with getting [name] admitted to [hospital]... you acted in [names] best interests in a calm and professional manner.
- People and their relatives told us they would recommend Norton Nurses, one relative told us, "I always recommend them and say they are the best carers." Another relative told us, "I would and have recommended Norton Nurses."

#### Continuous learning and improving care:

- The registered manager had submitted legally required notifications and had evidenced lessons learned when things went wrong.
- The service was in the process of transferring paper records to electronic records. The management team told us the new system enhanced record keeping and reduced the amount of time staff were writing records. A staff member told us, "It [new system] gives us more time with people."
- The provider had a business improvement plan. Positive changes had been implemented since the last inspection. For example, the electronic record keeping system, incentives for staff, new phones and daily auditing.
- The management team told us they were exploring ways of further enhancing systems and processes to make best use of the data through auditing to drive further improvements.

#### Working in partnership with others:

- Norton Nurses worked closely with social workers and commissioning authorities and sought support of other health professionals as needed.