Richard Norman Care Coordinators Ltd

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Inspection report

Office 10, Access House
Cray Avenue
Orpington
BR5 3QB

Tel: 02085283339

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 19 March 2018 and was announced. Richard Norman Care Coordintors is a domiciliary care service that provides care to people in their own home. It provides a personal care service to older adults. At the time of the inspection the service was providing personal care to 20 people in their homes.

The last inspection of the service took place on 5 July 2017 and it was rated Good. At this inspection we found the service requires improvement.

The service had not planned and developed the service in a way that ensured continuous quality improvement. People did not always receive their care visits from staff at the time agreed. There were concerns about staff time-keeping and attendance. We found that the service did not always review incidents relating to missed and late visits so lessons could be learned and appropriate actions put in place to improve the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff handled and administered medicine to people in a safe way. Staff had been trained the safe administration of medicines and they understood and followed the organisation's medicines policy. Risk management plans were in place to keep people safe from avoidable harm. Staff recruited to work at the service underwent thorough checks. Staff understood how to recognise signs of abuse and how to report any concerns appropriately.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. 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 support this practice. Staff told us they felt supported in their roles. Record showed staff were trained and they received induction when they started; and they were regularly supported through supervisions and annual appraisals. People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements. People were supported to arrange appointments to ensure their health needs were met. The service worked with other professionals to ensure people's care was well-coordinated.

People told us staff treated them with kindness and respected their dignity. Staff cared for people in line with their preferences. People were given choice about their care and they and their relatives were involved in their care planning. Staff encouraged and enabled people to do what they can do for themselves to keep them active and maintain their independence.

Staff supported people with their care needs as stipulated in their care plans. Care plans were reviewed and updated regularly to reflect people's changing needs. People received the end-of-care they wished.

People and their relatives were given opportunity to share their views about the service. People knew how to complain. The registered manager investigated and responded to complaints and concerns appropriately.

We found we found a breach of regulation in relation to good governance. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

People did not always receive their care visits from staff at the time agreed.

Recruitment practices were safe to ensure only suitable staff were employed to provide care to people.

Management plans were in place to address risks to people. Staff knew the signs to recognise abuse and how to report it in accordance with the organisations policy and procedure.

Medicines were handled and managed in line with the organisation's procedure. Staff were trained in the safe administration of medicines. Medicines administered to people were recorded clearly.

Staff followed effective infection control measures.

Is the service effective?

Good

The service was effective. People's care needs were assessed and care plans developed on how these needs would be met. People were supported to prepare food and drink as required.

Staff were supported through induction, supervision, appraisal and training. Staff understood the principles of the Mental Capacity Act (2005) and ensured people consented to the care provided to them.

The service worked with health and social care professionals to ensure people's needs were met and services for people were planned and delivered effectively.

Is the service caring?

Good

The service was caring. Staff treated people with dignity and respect.

Staff understood the needs of people and how to support them accordingly.

People were involved in their day to day care delivery.

People had choice about they wanted their care delivered.

People were encouraged to maintain their independence as much as possible.

Is the service responsive?

Good

The service was responsive. Staff delivered care and support to people in the way that met their needs. Care plans detailed the support people required to meet their needs and these were reviewed regularly. People received the end of life care they wished.

People and their relatives knew how to raise concerns and complaints and these were investigated and responded to in line with policy.

Is the service well-led?

Requires Improvement

The service was not well led.

The registered manager did not always review incidents relating to missed and late visits so lessons could be learned and appropriate actions put in place to improve the service.

The provider had not planned and developed the service in a way that ensured continuous quality improvement.

There was a registered manager who understood and complied with the terms of their registration with CQC.

Staff told us the registered manager listened to them. They told us they felt supported by the registered manager.

There were systems for monitoring the quality of service provided.

The service worked in cooperation with other organisations to improve the service.

Richard Norman Care Coordinators

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.

The inspection was prompted following concerns we received about the service. The concerns related to staffing levels, missed care visits to people, medicine errors and how the service responded to complaints and concerns. We carried out a full comprehensive inspection and we checked all these issues as part of our inspection.

This announced inspection took place on 19 March 2018. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager and director would be available. It was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service including notifications we had received and feedbacks from other professionals and commissioning teams. We used this information in the planning of the inspection.

During the inspection, we spoke with seven people and seven people's relatives about the care they received from Richard Norman Care Coordinators. We spoke with the registered manager who was also the provider, the deputy manager, and three care staff. We reviewed four people's care records including risk assessments and medicines administration record charts; and four staff files which included recruitment checks, training records and supervision notes. We also checked other records relating to the management

and running of the service; such as the provider's quality assurance systems, complaints and compliments.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with told us they felt safe with the care staff. One person said, "Yes, I feel very safe." Another person told us, "Yes, I feel safe. Very much so." All of the relatives we spoke with confirmed that their loved ones felt safe in the company of their care staff. One relative said, "Yes, I think they feel safe. All the carers are very nice." Another relative commented, "Oh, definitely, loved one feels safe."

We found that people did not always receive their care visits as planned which impacted on their well-being and safety. People and their relatives were very critical about the time-keeping of care staff. One person commented, "The timing is not good. They are meant to come at 9am, but they turn up at 7.20am and then again at 10.45pm – that's far too late". Another person mentioned, "There is care worker I can rely on, but the others have no idea at all when they are coming." A relative said, "Time is a problem. It has improved recently, but at any time it could become chaotic again – for example, last night they turned up at 10pm, rather than the agreed 9pm. I have complained, and then it improves for a while." Another relative said, "The carers are invariably 30 minutes late always which affects all our other activities." People also commented that care staff did not always stay for the duration of their visits as agreed. One person said, "They [staff] rarely stay the allotted time." A relative said, "They are not there for as long as they should be."

People's comments matched the concerns we had received about the service for a three months period prior to our inspection. There was a high level of missed and late care visits reported by people; of which some resulted in people not having their medicines at the correct time. We spoke to the registered manager about these concerns and feedback. They told us they increased the number of care packages they took on significantly over a short period of time and they had struggled to schedule and manage care visits appropriately. The registered manager told us and records showed they had handed a significant number of care packages back to the local authority and they had a manageable number of care packages.

The service had also installed a new electronic monitoring and rostering system (EMS). This system is designed to allocate care staff to care visits according people's needs and staff availability. It also notes when staff have completed a care visit, and when there is a potential late visit so cover could be arranged to prevent the risk of that visit been missed. The registered manager told us they currently had contracts with some cab companies to transport staff to undertake care visits when they identified that there was a risk of lateness or a missed visit.

We reviewed the report generated by the EMS for January to March 2018 and it showed high level of late and missed visits. We saw evidence such as daily notes and timesheet that suggested that not all the visits recorded as missed were actually missed. The registered manager explained this was because staff were not always logging in and out as required when they had completed a visit as they were still learning to use it. We asked to see a record of actual missed and late visits but this was not available. The registered manager was not able to tell us how many missed or late visits they had from January to March 2018.

Even though, the service had put systems in place to manage the way they planned and monitored care visits to reduce risk of missed or late visits. We were not fully confident that the systems were being used

effectively. We will continue to monitor this and take necessary actions as needed.

Staff knew the systems for the reporting of incidents and accidents. Record of incidents, accidents and near misses was maintained by the service. The registered manager reviewed these and took actions as necessary. For example, one person's moving and handling plan had been updated and staff retrained on safe moving and handling procedures following an incident. We noted however, that the service did not routinely analyse incidents relating to late and missed visits so they could understand the causes, identify patterns and trends and thus learn lessons to improve the service. The registered manager agreed that they needed to develop a system for reviewing incidents relating to late and missed visits.

People received support from staff who were recruited in a safe way. Staff employed were vetted to ensure their suitability for the role. Staff files contained Disclosure and Barring Services (DBS) checks, satisfactory references, and proof of identity and employment history. A DBS is a criminal records check employers carry out to help them make safer recruitment decisions.

All staff had been trained in safeguarding vulnerable adults from abuse so they knew signs to identify potential abuse and how to raise their concerns appropriately. Staff told us they would report to the registered manager if they suspected abuse was taking place. They also said they knew how to whistle blow if needed. One staff member said, "With this job you have to report any sign of abuse to the manager even if you are not sure. If my concerns are ignored or I feel the manager is covering it up, I will go to social services. I do not have a problem whistleblowing if I have to." Staff felt confident that any concern reported to the registered manager or any member of management team would be addressed and investigated to protect people. The registered manager knew their responsibilities and actions to follow to address any safeguarding concerns. This included notifying CQC and the relevant local authority.

People were protected from avoidable harm and risks. Risk assessments were carried out covering people's physical and mental health, people's behaviour and tasks such as personal care, medicine management, moving and handling and the environment. Management plans were developed to reduce the risks identified. We saw plans in place to reduce risks associated with moving and handling and where required two care staff members carried out moving and handling tasks to promote safety. Moving and handling equipment was also provided where needed. Professionals such as occupational therapist or moving and handling risk assessors were involved in assessing risks, developing management plans and training staff on how to use equipment and safe transfer techniques.

People received the support they needed to take and manage their medicines. People's care records detailed the level of support they required with their medicines as part of their initial assessment. Some people needed to be reminded and some others required care staff to administer their medicines. People told us and records confirmed that staff always completed a medicine administration record (MAR) to show that they had given people their medicines as prescribed. One relative told us, "I have seen the carers administer my loved one's medicines. They do it correctly and ensure loved one had taken the medicines before they leave." The service had medicine management procedure in place to guide staff. Staff told us and records confirmed they had completed training and a competency assessment on the safe administration of medicines. MAR's were audited regularly by the field supervisor and registered manager to ensure they were completed correctly.

Staff knew how to reduce the risk of infection. Staff told us that the service provided them with personal protective equipment (PPE) such as gloves and aprons. They said they ensured they used PPE as necessary, washed their hands effectively and disposed clinical waste appropriately. People confirmed that care staff always used gloves and aprons as appropriate. The registered manager told us they checked that staff were

following infection control procedures during spot checks and care observations.

Staff knew how to respond to unplanned emergency situations. We asked staff about how they would respond to various situations that may arise. They told us they will contact the office for advice but for medical emergencies they would contact the ambulance in the first instance. If the situation was a non-urgent medical issue they would contact the person's relative and GP. People's care records included details of their GP and next of kin. Staff knew what actions to take if they were unable to gain entry into a person's home.

Good

Is the service effective?

Our findings

The service completed assessments of people's needs initially before they started providing a care and support to them. The registered manager explained that the assessment enabled them establish people's needs and how to provide care and support that met people's needs. Assessments covered people's medical conditions, physical and mental health; personal care, and nutritional needs. The service used the completed assessments to establish if they would be able to meet people's needs and requirements.

People told us staff had the skills and experience to care for them. One person said, "Yes, the regular care staff are very good. I sometimes have to tell the casual ones [relief carers] what to do." Another person commented, "They are well trained. They are very good at the job." A third person told us, "I think they are pretty good, very good. They know what to do. They help me with walking."

Staff told us and training records confirmed that all staff had completed training in safeguarding, moving and handling, Mental Capacity Act 2005 (MCA), infection control, food hygiene, health and safety; and safe medicines management. Staff also had their competencies assessed in medicine administration and moving and handling. Staff told us they felt able to request additional training if needed. One care staff told us, "I had five days care certificate induction. The induction was useful in understanding what was expected of me. I have done all the training I need. The manager wants us to keep learning and be up to date so we can be better in the job which is a good thing."

Staff told us they received regular support and supervisions. Members of the management team provided support to staff using direct observations, spot checks, and one-to-one meetings. Notes of the meetings showed topics covered included, safeguarding, roles and responsibilities, performance issues and training. Staff told us they found these helpful in discussing concerns they may have and improving the quality of their work. Annual appraisals also took place for staff who had worked in the organisation for a year. Appraisal meetings were used to evaluate individual staff performance and identify training needs.

People consented to their care and support before it was delivered. People told us staff always sought their opinion before undertaking a task or making decision. One person said, "They always ask for consent. They are good like that." Another person mentioned, "Before they do anything, they ask if that is OK. They always ask for permission first."

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working

within the principles of the MCA. At the time of inspection the registered manager told us they were not providing care or support to any people who required Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received the MCA training and understood people's rights under this legislation. Records showed that people and their relatives were involved in making decisions about their care. Staff and the registered manager understood their responsibilities under MCA.

People received support they needed to meet their nutritional and hydration needs. Care records detailed what support they needed to prepare their food and to eat. People told us and relatives confirmed that staff assisted people to prepare their meals and drinks if required. Staff told us they ensured people ate and drank enough by encouraging them and making sure they had snacks within their reach. Staff also told us they notified their manager and people's relatives if they had concerns about people's eating and drinking so actions could be taken.

People were supported to access the healthcare services they needed to keep them well. People had a personal details sheet which included a summary of their health conditions, medicines, GP and next of kin details; and care and support needs. Staff and the registered manager told us that where possible, they ensured people had this with them when they go to hospital. This enabled people to receive a service which met their needs while using other services. Staff assisted people to arrange appointments with healthcare services. We saw records showing contacts staff had made with other health care professionals on behalf of people. For example staff had involved a district nurse about concerns with regards a person's skin condition. Staff followed advice given to use of creams to manage the condition.

Good

Is the service caring?

Our findings

People told us staff treated them with kindness and compassion. One person commented, "Yes, they [Care staff] do treat me kindly. They are very nice." Another person said, "They [Care staff] do everything I ask them to do. They are very co-operative." A third person mentioned, "They [Care staff] are very kind. They have a lot of patience." Relatives also made positive remarks about staff attitude. One relative said, "The care staff are very caring. They talk to my loved one in a kind manner. All of the carers are nice." Another relative commented, "The care staff are definitely kind and caring. Overall, I would give them 8 out of 10."

Care records detailed people's communication needs, background, preferences, likes and dislikes, and how people liked to be supported. Staff told us this helped them understand how to relate, interact and care for people as they wanted. Staff gave us examples of various approaches they used while supporting different people in line with their requirements. Staff explained that some people were more relaxed, comfortable if you showed interest in the things they liked and so they cared for people like that by engaging them in topics and things they liked. Staff also explained that some people preferred a very formal and direct approach and wanted to lead the process. Staff told us they cared and related to people as they wished.

People and their relatives confirmed that staff involved them in their everyday care. One person said, "They [Care staff] always tell me what they are doing. They check if I am ok." Another person told us, "Care staff involve me and encourage me to help and I help them sometimes. They always give me choice." Staff gave us examples of how they offered choice to people. They said they allowed people chose what they wanted to eat, wear and do by offering them options and showing them alternatives to help them decide.

People's privacy and dignity was respected by staff. Staff gave us examples of how they respected people's privacy and dignity in their everyday work. One staff member said, "Privacy: shut the door when attending to people's personal care. Speak to them nicely and let them know what you are doing. Give them the dignity that they are human beings." Another staff member told us, "Never discuss people's private matters in public or with other people. Treat people with respect including how you talk to them. Talk to them in a polite manner and in the way you will like to be spoken to." People confirmed staff treated them with respect and dignity. One person said, "Absolutely, I am treated with respect." Another said, "I feel that they respect my privacy and dignity." Records showed that staff had been trained in dignity in care as part of their induction.

People were encouraged to maintain their independence. One person said, "They [Staff] definitely encourage me to be as independent as possible." Another person told us, "They [Staff] do encourage me to be independent. For example, they encourage me to wash my face and do the little things I can do." Staff understood the importance of promoting people's independence. One member of staff commented, "If they [people] are capable of doing anything. Let them do it. You don't want to take their independence away. Give them the dignity that they can do something for themselves."

Good

Is the service responsive?

Our findings

People's care was delivered in a manner that fulfilled their individual needs. People told us that staff met their needs. One person said, "They [Staff] do everything I ask them to do. They are very co-operative." Another person told us, "They understand my needs very well. They do anything I want them to do. I am lucky because I do see the same carer. I would give my carer 9 out of 10."

Care plans were in place and addressed how people's need would be met. They included care visit times, the duration of each visit and the care to be provided. Care plans also stated outcomes people wanted from their care, what was important to them and how staff were to support them achieve the outcomes they wanted. Staff supported people with their personal care, nutritional and hydration needs, skin care, mobility and transfer and; managing such health conditions such as diabetes. Staff demonstrated they understood people's care needs and supported them accordingly. Logs of visits completed by staff showed that people were supported in line with their care plans. Staff told us they were notified by their managers of changes in people's needs and they were encouraged to read people's care plans so that they were familiar with how people wished to be cared for. Care plans were regularly reviewed to reflect changes in people needs.

Staff told us and records showed that staff were flexible in the way they supported people in accordance with their requirements, where possible. For example, they supported people with domestic tasks, doing shopping and collecting medicines from the pharmacy. The registered manager told us they tried to accommodate people's requirements including changes in care visit times as much as possible.

Care plans indicated people's gender, sexuality, and disability and cultural and religious needs. Staff had completed training in equality and diversity and respected people as individuals. The registered manager told us they tried as much as possible to match staff to people taking into consideration their preferences and requirements. For example, the gender of staff they preferred to provide personal care to them. Staff told us this helped in building relationship with people.

People and their relatives knew how to make a complaint about the service. They told us they had activated the complaint procedure at some stage in the past and their complaints were addressed. One person told us, "I complained when the carer was coming late, but the company rectified that." Another person said, "I have complained. They sort it out in the short term." One relative said, "They are always very courteous when I say that I am not happy with an individual. The company does not send that person again." Complaints showed that the service had followed their procedure in responding to complaints raised about the service. Records showed that investigations into complaints were conducted in line with their procedure.

The service supported people to receive the end of life care they wished. At the time we visited the service was providing end of life care to one person. The person's care plan stated the care they needed. The registered manager liaised with the palliative care nurses to ensure staff cared for the person in a way that met their needs. Staff had been trained in end of life care and knew to make people comfortable and follow guidance provided in people's care plans.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who was also the provider. A deputy manager supported the registered manager to manage the service. The registered manager complied with the conditions of its registration and continued to send notifications to CQC as required.

The feedback we received from people and relatives about how the service was run and managed varied. Some felt the service was not consistently well organised and managed. Others felt it had improved. Comments we received included, "They [Management] sort out issues in the short term. But then it falls apart again.", "I like the manager but the organisation can be chaotic.", "The service probably needs a bit of prodding sometimes, but otherwise OK." "Yes, the service is well led. Overall they are good."; "They are not bad. Overall, I would give them 8 out of 10."

The registered manager had taken steps to improve the quality of the service but further actions were required. The concerns we received about the quality of the service related mainly to late and missed visits. The registered manager had installed an electronic monitoring and rostering system (EMS) to manage care visits. However, at the time of our visit, this was not being utilised effectively as staff were not logging in and out as they should. This affected the reliability of the system. The registered manager explained that they working with staff and training them to use the system.

We found that incidents of missed and late visits were not always monitored, reviewed and analysed so that patterns could be identified and the root cause analysed. There were no accurate records of missed and late care visits. There were no investigations carried out and steps taken to rectify the problem to improve it for the future. This meant that appropriate lessons could not be learned and lasting actions taken to improve in this area if the service was not monitoring and reviewing cases of missed and late visits. The registered manager told us, they would look at ways to monitor and review these.

The provider did not plan or develop the service in a sustainable and efficient way. We found that the service had increased the number of care packages they had within a short period of time. The growth did not match the resources they had at the time. Due to this, the service could not provide an effective service to people. The provider had however reduced the care packages substantially and they told us it was now manageable. The registered manager told us they would review the plan they had and they would bear in mind quality service to people.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager worked with local authorities commissioning teams to improve the quality of service. The service had implemented action plans from monitoring visits. They had set-up a complaints and safeguarding file as recommended from a monitoring visit. This was put in place to help monitor and manage concerns more effectively. The registered manager and members of their management team were keen develop joint working with the local authorities they were involved in so as to sustain and improve the

service.

Staff told us that the management team listened to them and acted on their feedback. One staff member said, "I am able to speak to manager about concerns I have and they show interest. For example, when we were having problems with rota and how to cover visits I made a suggestion and she [registered manager] tried it out and thanked me." Another member of staff commented, "Richard Norman Care is a good company to work for. They are fair and supportive. You talk to them about your concerns or ideas and something gets done about it, which is nice." Staff were regularly supported to improve their practice through training and meetings. Team meetings were also used to share ideas, share learning and discuss concerns staff may have about the people they supported, team work and the service provided to people. We saw meeting minutes which included discussions about the importance of time keeping and consequences of not turning up on time. Staff had also been reminded of the benefits of using the electronic monitoring system.

The registered manager carried out telephone and face-to-face spot check visits to obtain feedback from people about the care staff provided. Reports from spot checks conducted checked if staff arrived on time, staff's conduct, their communication with people, the quality of their work and the completion of documentation. If there were issues, the registered manager addressed it with the staff in one-to-one meetings.

The registered manager audited records such as MAR, daily logs and staff files to ensure they were completed correctly and up to date. Following a recent audit of MAR's completed, a meeting was held with staff to ensure they signed MAR's clearly using appropriate codes. The registered manager had also put in place new MAR charts that were easier for staff to use.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not planned and developed the service in a way that ensured continuous quality improvement. There were no effective systems to assess and monitor the quality of the service provided.