

South Norfolk Carers Limited

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## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced inspection was carried out on 14 June 2016. South Norfolk Carers Limited provides support and personal care in Norwich. On the day of the inspection there were 81 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by a regular staff member or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human rights to make decisions for themselves were respected and they provided consent to their care when needed.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from staff who understood their health needs.

People were treated with respect by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People who used the service and care workers were able to express their views about the service which were acted upon. The management team provided leadership that gained the respect of care workers and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

## 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.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide them with safe care and support that maintained their independence.

People were supported by a sufficient number of staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

### Is the service effective?

Good 

The service was effective.

People were cared for by a staff team who were trained and supported to meet their varying needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

### Is the service caring?

Good 

The service was caring.

People were cared for by staff who respected them as individuals.

People were involved in shaping the care and support they

received.

People were shown respect and courtesy by care workers visiting them in their homes in a way that suited them.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

### Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency. People's views and experiences in using the service were used to identify and make improvements to the quality of the service they received.

People used a service where staff were encouraged and supported to carry out their duties.

# South Norfolk Carers Limited

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 14 June 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with ten people who used the service and two relatives. We also spoke with three care workers, three team leaders, the care advisor, the medication officer, the quality compliance officer and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for six people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. A person who used the service told us, "I feel safe. I think it is probably their personalities, they are genuinely caring. They don't just come in and perform their duties, they converse with me." Another person said, "I have not been frightened and they deal with my issues. I feel very comfortable with them." Other people told us things that made them feel safe using the service included, having trust and confidence in staff that visited them and that they wore a uniform.

People could be assured that staff knew how to respond to any incidents of abuse. Staff were able to describe the different types of abuse and harm people could face, and how these could occur. Care workers told us they would report any concerns they suspected or identified during a visit to the senior on call or the registered manager. One staff member said they felt the key to ensuring people were safe was to build up a relationship with people they visited. The provider informed us on their PIR that staff received training in safeguarding and whistleblowing, which staff confirmed they had.

Staff were confident any concerns they raised would be listened to and acted on by one of the seniors or the registered manager. We were given two recent examples where staff had informed managers of concerns they had identified during visits to people, which had been acted upon. This showed appropriate action was taken when there was a concern that a person who used the service may be at risk of harm.

People received their care and support in a way that had been assessed for them to receive this safely. They told us staff who visited them knew how to use any equipment, such as mobility aids, safely. One person described how a care worker had helped them to retain independence with their mobility through assisting them with their use of a piece of equipment. Another person's relative told us, "They use the hoist safely as far as I know." People also confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely.

People spoke of staff encouraging their independence through reducing risks they may face. One person said staff helped them into the shower because, "It's a safeguard to make sure I get in the shower safely and don't slip." Another person told us, "They call and see I haven't fallen as I have fallen a bit."

Staff told us how they identified and reduced risks to people and gave examples of how they did so. This included carrying out a mental risk assessment every time they visited someone to see if there were any changes or dangers with the person or the environment. One staff member described how they acted to reduce risks to people whilst encouraging their independence and freedom. They gave an example of supporting a person making a sandwich, where they took the food ingredients out of the fridge because this placed the person at risk of falling over when bending down. The staff member said the person then prepared the sandwich themselves, which they were able to do safely.

Staff told us when a person's needs changed and they possibly needed different or additional aids and equipment they arranged for them to be assessed by an occupational therapist (OT) who would make

arrangements for these to be provided if needed. We found there were recent examples where this had happened and a staff member told us they also offered people practical advice of where they could purchase any additional aids and equipment they would like which had not been provided for them.

The provider informed us on their PIR that the staff handbook contains, "Comprehensive risk assessments including; environment, equipment and moving and handling, risk of falls, wheelchair and medicines." We saw people's care files included these risk assessments however we identified that there were some risks people either faced or could face that did not have risk assessments for. These included where a person made a choice that could have an associated risk and any nutritional or hydration risk a person faced due to not eating or drinking sufficiently to maintain their wellbeing. The registered manager informed us after the visit they had raised this with the quality assurance team, who would be implementing additional risk assessment forms.

There were sufficient staff employed to provide people with consistent care and support which met their needs at the time it was planned for. People told us their personal care visits usually took place at the time planned. They appreciated that there could occasionally be a delay because their care worker had run into some unforeseen circumstances, such as needing to extend their time at a previous call or unexpected traffic problems.

People told us they normally received their care and support from the same individual or group of regular care workers. They said when a care worker who regularly visited them was absent from work another care worker attended their call. One person told us, "I tend to have the same carer apart for any time they are off (work)." A relative said, "We have regular ones (care workers) who come, they have cover when absent (from work)."

Staff said there were enough care workers employed for them to complete the calls they were allocated. Staff told us they normally worked in one geographical area and usually visited the same people. Staff said that they covered for any care workers who were not at work, and they would work additional hours if needed to ensure people received their visits as planned.

The provider informed us on their PIR that there was a, "Robust recruitment process." We looked at some staff recruitment records and found that people were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines as prescribed safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently. People who required support told us this was provided in the way they wished it to be. One person said, "I need a selection of pills, they make sure I take them with a cup of tea." A relative told us, "They help [relation] with their tablets, it is always done right." The relative added, "They have got a record book to write when they are given." This was used to check people were receiving their medicines as needed. People also received any other assistance they needed to ensure they took their medicines as planned, for example a person said, "They pick up my prescription for me from my local surgery."

The provider informed us on their PIR that, "Specialist Medication Officers ensure the safe administration of

medication through staff support, reviews and handling any errors effectively." A medication officer described and showed us the systems they followed to achieve this. Training records showed staff who supported people with their medicines had received training in this and we saw staff who administered medicines had been assessed by the medication officer to ensure they could provide the support competently. The medication officer told us there had been two errors made with managing people's medicines and they described how they had responded as a result of these to prevent any reoccurrence. The medication officer also told us how they worked closely with the local authority and followed their guidance about the safe management and administration of medicines.



## Is the service effective?

### Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. During our conversations with people, some of them told us care workers appeared to have received the training they needed as they knew how to meet their needs. One person said, "I would say they have been trained well." A relative thought that care workers who visited their relation, "Appear to be very capable at what they are doing." Other people knew that care workers were provided with training and referred to staff going on courses and being kept up to date with their training. One person said their care workers were, "Definitely properly trained and they are kept up to date. They go on courses."

The provider informed us on their PIR they, "Actively promote learning and development through our training programme." Staff told us they had the training they required to carry out their duties. This included an induction for new staff and refresher training for all staff when needed. The quality compliance officer told us staff had to keep up to date with key training, such as moving and handling, or they would not be able to work. The registered manager described how they oversaw staff training to ensure staff were enrolled on courses to enable them to keep their training up to date. The registered manager told us the training programme staff undertook was modelled on the care certificate training and had been approved by the national body (Skills for Care) who are the strategic body for workforce development in adult social care. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

Staff told us they received individual support from the registered manager to discuss their work. The registered manager told us all staff had an annual appraisal where they were given feedback on their work performance.

People had their rights to give their consent and make decisions for themselves promoted and respected. People told us they were asked for their consent prior to being provided with any acts of care. One person told us that before they were assisted with a shower the care worker, "Asks for my permission." A relative said, "They do everything like that (obtain consent) and get [relative]'s agreement."

The care advisor told us they involved people in the whole assessment and care planning process which ensured they were in agreement with their plan of care and that they consented to this. They also told us other people, including relatives, were only involved when the person being assessed was in agreement with this.

We saw people had consented to their care by signing a statement within their support plan. This confirmed they had been involved in creating this, and that they could request this was changed at any time. Staff told us how they sought people's verbal consent during visits before carrying out any care or support. One staff member said, "We accommodate their wishes, not them accommodate ours."

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. The registered manager told us there was not anyone who used the service who did not have the capacity to make decisions and consent to their care for themselves.

People were provided with support to ensure they had enough to eat and drink to maintain their health and wellbeing. Some people told us they would provide a previously prepared meal which care workers would heat up for them. A person said, "Some (care workers) cook my lunch, I usually get something and they cook it for me." Another person said that although they didn't need any assistance with preparing their meals a care worker would, "Sometimes get my breakfast for me." People also spoke of care workers making them a drink during their visit and leaving a drink for them when they left.

The registered manager said they made a record of what people had to eat but did not monitor further as there were no current concerns about people's weight or people not having enough to eat and drink. The registered manager said they had involved healthcare professionals, such as speech and language therapy (SALT who provide advice on swallowing and choking issues) and dieticians, previously when there had been concerns about people's nutritional input.

People's healthcare needs were known and they received support with regard to their health and wellbeing. One person told us, "They understand my health problems, they support me with them." A relative said care workers, "Understand [name]'s healthcare needs." People told us care workers would enquire how they felt when they visited and showed an interest in their wellbeing. One person said a care worker who visited them, "Wants to make sure I am feeling okay." They added, "They tell me if there is anything they notice I need advice about."

Staff told us they always asked people questions to determine how they were feeling, whether they had slept well and observed them for any indication they may be feeling unwell. Staff spoke of occasions when they had called a person's GP or the emergency services when they had been unwell. They also said they had arranged for additional care to be provided if a person had needed this when they were poorly. Staff told us they had not received any training about a health condition some people they visited had, and the registered manager told us they would arrange for this to be provided.

The provider informed us on their PIR they worked alongside other healthcare professionals. Staff told us about healthcare professionals they had been involved with previously when needed. The registered manager said they would arrange training or other support for staff as and when a need arose and told us about recent healthcare training that had been provided.

## Is the service caring?

### Our findings

People described care workers who supported them as friendly, sensitive and caring. One person said, "They can see I am happy, I am always delighted to see them." Another person told us, "I always thought angels lived in heaven but I now know it is these who come and see me." Relatives also commented positively about the suitability of the care workers who visited their relations. One relative said, "They are definitely caring carers, the ones we have are very good." Another relative said care workers were, "Reliable and friendly." One person also told us how they had appreciated that a care worker had tidied up their front garden for them. They said how this now gave them, "A beautiful view."

Staff told us they enjoyed their work, found their work rewarding and enjoyed helping people. A care worker told us, "I feel I have found my calling. I am making a difference (to people's lives). If I make someone happy looking after them what more could I ask for?" Another care worker said, "I like to help people, it makes me feel good about myself." Care workers described how they learnt about people from the background information that was included in their care plan and talking with them. One care worker said, "I look for any indications (about people's likes and interests) in the care plan. I learn their values when we talk." Another staff member told us, "We talk about their past, they love telling (me) about that."

The registered manager told us they received positive comments about all the staff from people who used the service and their relatives. They told us, "I receive lovely comments about their dedication, helpfulness and flexibility." The registered manager gave an example to support these comments. They told us that one person who used the service preferred to have a particular staff member support them with their personal care. This staff member was undertaking a training course one day each week at a local college so was not available to undertake care visits on those days. However the staff member had arranged with the person concerned to visit them early each college day to attend to their personal care before they went to college.

People told us they were involved in planning their care and support and making decisions about this. One person told us how their care plan had been compiled following a discussion with them. They said, "I've got a book (care file) they discussed it with me. It is what I want." A relative said, "They always discuss what they are going to do and whether [relation] is happy with that." Another person said when they had found discussing what care they wanted confusing a relative had become involved to support them.

The registered manager described how people who used the service were involved in all decisions relating to their care from, "The initial conversation to all the reviews of their care." They emphasised, "We keep them involved." Staff told us of different ways they engaged with people to get their views about their care. These included general conversations and involving them in review meetings of their care. One staff member who was responsible for planning and reviewing people's care described how they engaged with people. They told us they provided people with information about the services available and the different ways these could be provided to help them make decisions about their care.

The registered manager told us no one who used the service at present had the support of an advocate. They said they had a policy which described the support they would facilitate if needed and that they had a

file of relevant information to refer to. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt staff treated them with respect. We asked people if they found care workers polite and respectful when visiting them in their homes. One person said, "I do very much so" and another person responded, "They are always very good like that."

Staff described the practices they followed to enable people to have privacy and their dignity respected when they supported them. They also told us of ways they showed respect when in people's homes. These included conducting themselves in a polite and courteous manner in the way the person who used the service preferred. One staff member said, "We provide care with dignity." They added that dignity in care was included in their training. Staff also told us of practical considerations they followed whilst in someone's home such as wearing shoe protectors and leaving everywhere tidy.

People's independence was promoted and they were given any support they needed to maintain this. Staff told us they encouraged people to do all they were able to do for themselves. One staff member told us, "People want us to support them, not do for them."

## Is the service responsive?

### Our findings

People told us how their needs had been assessed when they started to use the service so plans could be made on how to provide them with the care and support they needed. One person said, "I have got a care plan, which we have discussed, it's correct." The care advisor told us they visited people before they started to use the service and prepared a care plan of how they wanted the care and support they required to be provided.

The care people required was kept under review to recognise if any changes needed. A person told us, "Someone from the office comes every year to see that everything is okay." A relative said their relation, "Has a care plan which is reviewed every so often." Staff said people's care plans were regularly reviewed and updated when needed. One staff member told us, "Generally I would say the plans are really good, if we notice something is not right we only have to call [care advisor]." The registered manager told us staff knew to inform them or the care advisor if a care plan needed to be reviewed or amended. They gave an example that the care advisor had requested one person was visited by an occupational therapist to carry out a reassessment of their needs because of changes staff had identified and informed them of.

People told us their care was flexible and responsive to their needs. People spoke of being able to make changes to their care, such as rearranging a planned visit if it was not convenient. People told us they received the service they expected. One person said, "They provide the service I wanted when I took them on. I am very happy with them." Another person said, "They make sure everything is done for me."

The provider informed us on their PIR they had, "Person centred and outcome focused care needs assessment, care plan and risk assessments. This includes the outcomes individuals would like to achieve and choices they have made, who they would like involved in their care and support, any preferences they have, days and time for their care and support." Staff told us the care plans provided them with the guidance they required to meet people's needs. We saw these included a section which detailed what the person who used the service wanted to achieve.

People received their care and support at the time it was planned for. People told us staff usually arrived on time and they were contacted if there was any delay. A person told us staff were, "Very on time, all of them are." A relative said staff were, "Punctual, when say they are coming they come." People were provided with a rota of their planned visits for each week. We were shown how these were planned to provide people with continuity of the care workers who visited them and ensure staff had sufficient time to travel between appointments. Staff confirmed they were provided with sufficient travelling time between calls to ensure they arrived at their next appointment on time. We saw a group of staff in discussion on how to provide the most appropriate cover the following week when some of them would be on holiday.

People were given opportunities to raise any concerns and they were told how they could make a complaint. One person said they had been told to contact someone at the office if they had any complaints. Another person said, "I'm pretty sure we went through everything to do with that (making a complaint) when they first started coming." People also told us they would feel comfortable in making a complaint. A person

said, "I would be more than happy to make a complaint if I had one."

The provider informed us on their PIR, "We encourage through ease of access of policy and procedure; staff, individuals and their carers to feel able to raise concerns and complaints and be reassured that they will be listened to and issues acted upon." Staff told us that people were provided with opportunities to raise anything they were not happy with about their service. Staff also commented that they felt when a complaint was made this provided an opportunity to bring about improvements. One staff member said, "That can be how we get to know something needs correcting."

The registered manager told us people were informed of how to raise any concerns or how to make a complaint when they started to use the service. People were given a copy of the complaints procedure with their initial care documentation. Records showed there had been three complaints made over the preceding 12 months. The registered manager told us these had all been resolved to the complainants' satisfaction.

## Is the service well-led?

### Our findings

People felt the service was well run and effective at communicating with them. A person told us, "I think it is well organised, I couldn't complain about any one thing or any one person, they are wonderful." Another person said, "They are very good at communicating with me." Relatives we spoke with also shared this view. One relative said, "I think they are run well, I know how to get in contact with them if I need anything." Another relative told us they had contact details for the office and the out of hours service when the office was closed. They added that their relation's service operated the same at weekends as it did during the week. Staff spoke positively about how the service was managed and provided them with the direction and support they required.

People were able to meet with other people who used the service for support and social activity. One person told us about attending a function at the office which they had enjoyed. They said, "I went to the office for a get together and met some lovely people there. My carer took me there and it was so successful I am going to go there again. I was introduced to some other people with common problems, it was nice to meet people and share things." We saw photographs of the function displayed in the office when we visited. The registered manager told us the function had been well received and they were planning to make this a regular event.

The provider informed us on their PIR they, "Hold regular staff meetings and send out information sheets to all staff." We saw minutes from some previous staff meetings held. These provided staff with information about the business, training and some staffing issues and changes. A staff member told us they had attended staff meetings and felt these were a good way to raise and discuss issues and problems. Staff were also kept informed through information and messages displayed on noticeboards around the office. The registered manager told us there were regular opportunities to catch up with staff in addition to the formal staff meetings. They also told us there were monthly newsletters sent to all staff.

The registered manager proudly told us of some individual staff achievements. One staff member had been nominated for the provider's "Carer of the year" award which they had won. Another staff member had been selected to undertake a project with Skills for Care to provide information about working in social care to young people. The registered manager told us, "I'm very proud of [name] doing this and promoting this career for youngsters."

People were confident in the way the service was managed and had confidence in the registered manager. People told us they found the managers to be approachable. One person told us, "They are a good lot." Some staff spoke appreciatively of support they had received from the management of the service over personal matters. A staff member told us the service was, "Really good and supportive." They added, "And we have a lovely manager." We were informed by service commissioners that the agency was led by an experienced manager and they had not been informed of any concerns about the service.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when

they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

There were systems in place to identify where improvements could be made to the service. People who used the service were asked to comment on the service they received. A person told us, "They came out to see me and make sure I was quite happy with everything." Another person said, "Someone rings up now and again to see how I am getting on. I tell them I am very pleased with them." People also told us they were sent out questionnaires to ask if they were satisfied with the service. Some people we contacted told us they had recently been visited by someone (who we later found out to be the quality compliance officer) who had asked them if they were happy with their service.

The registered manager told us a survey of people who used the service and relatives views had recently been undertaken. They told us the returned forms were being analysed to identify any areas of improvement that were needed. The registered manager said they fed back to staff any compliments or issues raised as part of the quality monitoring of the service.

We saw some minor improvements had been identified on audits and monitoring forms that had been completed within the service. On some occasions there was not a record made to show what actions had been planned or taken regarding these. The registered manager told us they would ensure all actions taken were recorded on these in future. The provider informed us on their PIR that they, "Undertake six monthly quality reviews, and telephone reviews and quality assurance surveys annually." An audit of the service completed by the quality compliance officer in November 2015 had identified some minor issues. A further visit had been carried out in June 2016 which found these issues had been addressed.