

Norton Nurses 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Norton Nurses Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 29 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People received safe care from a regular team of staff who had received the training and support required to carry out their roles. Staff knew how to keep people safe from abuse or harm. Safe recruitment practices were in place. People received their prescribed medicines safely and there were effective practices to protect people from infection.

People's needs were assessed before they used the service. Risks to people's health were assessed and plans were in place to reduce any risks identified; these were reviewed regularly to ensure staff knew how to meet their needs.

People's independence, privacy and dignity were promoted. Staff were kind, friendly and respectful. People and their relatives described knowledgeable staff who were punctual and provided all their planned care.

People knew who to speak with if they had any complaint or concern. There was a complaints procedure in place so any complaint would be dealt with appropriately.

People and staff had confidence in the registered manager to manage the service well and were encouraged to give feedback. The provider and registered manager monitored the service and had implemented new systems to improve the oversight of all areas to gain a clearer understanding in how to improve the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was Requires Improvement, published on 25 Jun 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating

for the service has changed from Requires Improvement to Good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive.

Details are in our responsive findings below.

Good ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 16 February and ended on 23 February 2023. We visited the location's office on 16 and 23 February 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 8 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and medicine administration records. We looked at 5 staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management and oversight of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating this key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to report and respond to safeguarding concerns.
- Staff received training in recognising and reporting safeguarding concerns. One member of staff told us, "I would report [any concerns] to on-call and then go into the office to speak to the managers and I would record on an incident form."
- The provider and registered manager had reported safeguarding concerns to the local authority in line with their policy.

Assessing risk, safety monitoring and management

- People's risks were assessed regularly or as their needs changed.
- Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care through messages and access to people's electronic records.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. The rotas were recently reviewed to ensure people received their whole planned time by ensuring staff had travel time included in their rota. One relative told us, "I can see the rota, staff always arrive in time and stay the whole time. If staff know they will not be on time, they will call us."
- The registered manager and provider covered staff shortfalls during times of annual leave or short notice staff absence.
- The provider carried out safe staff recruitment procedures. This included, Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their prescribed medicines from staff who had received training to manage their medicines. One relative told us, "If there are any issues with the medicines the staff will always contact us."
- Staff medicine competencies were checked to ensure they continued to follow safe medicines management.
- Staff recorded when short-term medicines (such as antibiotics) were prescribed to ensure people received their full course.

Preventing and controlling infection

- The provider had organisational risk assessments for the prevention and control of infection. They had

taken action to improve staff practice and had updated their policies as required.

- Staff received training and received regular updates in the prevention and control of infection.
- Staff used personal protective equipment (PPE) to keep people safe. This included masks, gloves, aprons and hand sanitiser. Staff told us, "I wear gloves when I provide personal care." Another staff member told us, "The seniors check to make sure we are wearing PPE appropriately."

Learning lessons when things go wrong

- The provider had a procedure to review and analyse incidents. The registered manager implemented changes to improve the service when issues arose.
- Learning opportunities were shared with staff via staff meetings, discussed in staff supervision, staff meetings and by staff memos. One member of staff told us, "We share information and managers share lessons learnt with us."

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.

At our last inspection we rated this key question Good. At this inspection the rating this key question has been rated Good. This meant 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 nutritional, skin and mobility needs were assessed using evidence-based tools to identify risks which informed staff how to manage people's care.
- The provider's pre-assessment of needs was comprehensive and gathered information from relatives and relevant professionals. People's protected characteristics under the Equality Act 2010 were considered. This included age, disability, gender reassignment and religion. People's choices, preferences and routines were reflected including individual goals and aspirations.
- People and their relatives told us they were involved in the initial assessment of their needs. A relative said, "I am involved in the care planning."
- People's needs and choices were met in line with national guidance and best practice. The provider's policy and procedures reflected relevant legislation.

Staff support: induction, training, skills and experience

- New staff received an induction which included shadowing of experienced staff. They received close supervision until they could demonstrate they understood how to meet people's needs safely.
- Staff received training on learning disabilities and autism appropriate to their role. Staff completed their Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All staff received training in skills to meet people's needs. One member of staff told us, "I have completed all of [my training], some of it was online, some face to face. We are always asked if we required anything additional. I have training in PEG (percutaneous endoscopic gastrostomy) tube management as well as epilepsy and diabetes."
- Staff received regular supervision and appraisals, these included spot checks whilst providing care. One member of staff told us, "The spot checks are done for medicines, PPE, time arrived/stayed. Interaction we have with clients, moving and handling and personal care. The senior stands in a corner and watches us complete personal care with the person, they always ask the person for consent first."

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

- People's nutritional needs were assessed, and staff had information in care plans to manage people's needs. People's weight was monitored by portable wheelchair scales taken to their homes monthly to enable staff to carry out accurate assessments.
- The provider worked closely with health professionals such as the nutritional nurse to manage one

person's PEG tube.

- People expressed their preferences, likes and dislikes so staff could provide them with food and drink they enjoyed.
- Staff received training in food hygiene and safety to ensure people had their meals prepared safely. Staff maintained records of what people ate and drank. A member of staff told us, "I have to record what people have had to drink and if their (continence) pad is wet."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care records contained information about people's medical history and their current health care needs.
- The provider was commissioned to provide short term care for people discharged from hospital who were non-weight-bearing after an operation. Staff worked with occupational therapists and physiotherapists to use equipment and implement exercises for people to follow to regain their mobility. When people successfully regained their mobility they were discharged from the service.
- Staff identified when people's health deteriorated and informed relatives and the relevant health professionals for medical advice. People had information about their care recorded on an emergency grab sheet which reflected their current needs, this was available for the health professionals to use in an emergency.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Staff understood the principles of the MCA.
- People's mental capacity to consent to their care and support was assessed and recorded. Where people had representatives who had lasting power of attorney this was recorded in their care plans.
- There were no people using the service who had restrictions placed upon them by the Court of Protection.

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.

At our last inspection we rated this key question Good. At this inspection the rating this key question has been rated Good. This meant 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

- People received care and support from staff who knew them and were kind and caring. People and relatives told us all the staff were kind and compassionate. Comments from relatives included, "They [staff] are all lovely, really nice, they care for [name] and me. They are the best carers we've had, they'll do anything", "[The staff are] absolutely lovely, all of them," and, "All the staff are very nice, very friendly and good at their job."
- Staff received training on equality and diversity. They showed compassion and awareness of people's diverse needs. Staff knew people well and what was important to them, such as family and cultural needs.

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

- People and their relatives told us they were involved in decisions made about their care, from planning to delivery of support. Records showed relatives were kept informed.
- Where decisions about people's care were required, the management team had ensured relevant external professionals and advocates were included in discussions and decision-making processes.
- People were regularly asked for their verbal feedback about their care. Any issues that were identified were acted upon promptly.

Respecting and promoting people's privacy, dignity and independence

- People received care and support that promoted their independence. One member of staff told us, "Each person is different, they have their own ways of doing things, I give people time to do things the way they are used to." One person told us, "I get on with all of the staff, they know what they are doing. Where I can, I do as much as I can myself to keep my independence."
- People received care and support that respected their privacy and dignity. Staff spoke respectfully about how they maintained people's dignity when providing personal care. One relative told us, "The staff are very friendly, they are all very nice, they chat to [Name] and make sure they maintain their dignity."
- Relatives spoke positively about how staff respected and promoted their family member's dignity and privacy. A relative told us, "[Name] knows most of the carers very well, they are very friendly, they always ensure their dignity and privacy."
- A confidentiality policy was in place. Staff understood the importance of keeping information safe and secure and had undertaken training in data protection and confidentiality.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating this key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that met their needs.
- People and where appropriate, their relatives were involved in their care planning. One relative told us, "We have always been involved in the care planning."
- People's care plans were reflective of people's current needs, including the protected characteristics, for staff to provide person-centred care. The plans were comprehensive, covering all aspects of people's lives such as health, independence, goals, skills and abilities, and guided staff on how best to support people.
- People's care plans were reviewed regularly, or as people's needs changed. One member of staff told us the care plans were, "All are up to date, and we can always access them. [Registered manager] makes any changes and keeps them up to date. If I saw something needed updating, I would phone the on-call or go into the office to tell them."
- The provider ensured all staff understood the needs of the person they supported. There was a clear communication system to ensure staff had information about people's current needs. Staff recorded in people's daily notes how they had provided people's care in line with their care plan. Staff told us, "The care plans are all kept up to date, I've never had any trouble. We are expected to read them regularly and we get notifications if anything changes."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed. Not all people using the service could communicate verbally. Where people had specific individual communication needs staff were trained to ensure they communicated effectively.
- The provider was meeting the Accessible Information Standard for people's care. Information was available in different formats. People's care plans guided staff with the appropriate way to communicate with people.

Improving care quality in response to complaints or concerns

- People and relative's complaints had been responded to in line with the provider's complaints policy. One

person told us, "I made a complaint once, about a year ago, I told the manager and I have not had a problem since."

- The provider's complaints policy and procedure was shared with people. One relative told us, "I know how to make a complaint, but we all work well together to look after [Name]." Another relative said, "I've never had any reason to complain as the house is always clean and tidy and [Name] is well cared for."

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. Records showed people and their relatives had opportunities to discuss their end of life wishes.

- Where people had previously received end of life care the staff worked with health professionals and organisations to ensure people received timely care. Relatives had written to the provider to thank them for their compassion and kindness to the person receiving care and their relatives.

- The management team told us end of life support plans would be completed when required, and with the involvement of relevant individuals and palliative health care professionals.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection this key question has been rated Requires Improvement. This meant the 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection the registered manager and provider did not display the CQC's rating of performance at the providers place of business and on the provider's own website. This was a breach of Regulation 20A Requirement as to display of performance assessments of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- The provider had not always understood their legal responsibilities. They had not notified CQC about significant events which they are required to tell us in a timely way. We brought this to their attention during the inspection; the outstanding notifications were submitted immediately.
- The provider implemented a system to monitor when notifications were required, however, this had not been embedded into practice. These notifications help us to monitor the service.
- The management team had already identified and had a plan of actions to address the areas that needed to be strengthened such as the analysis of staff recruitment files, medicines management, care plan outcomes, safeguarding, incidents and complaints but these needed to be embedded into practice. This showed a commitment to making improvements to the service.
- The provider understood their duty of candour responsibility. They were open, honest and acted on concerns raised by relatives, commissioners and staff.
- Staff understood their roles and responsibilities and were supported to do so by a management team that were striving to improve the service. One staff member said, "I feel fully supported by both team leaders and managers. We are small team which I like."
- Systems and processes were in place to continually assess, monitor and review quality and safety. This included regular checks and review of people's care and records, and staff performance and training. The provider's policies and procedures reflected current legislation.
- An action plan from findings of audits was being developed to give the provider clearer oversight of all the improvement strategies being implemented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to be involved in the care planning and regular checks were carried out to ensure people received their planned care. One relative told us, "The senior [staff] visits often, they keep a really close eye on the care we receive from staff."
- People's equality, diversity and cultural needs were identified, and care plans described how the person wanted to be supported.
- Systems were in place to ensure staff were supported and training was kept up to date. Staff told us they felt supported in their roles. One member of staff said, "I am very happy here. Norton Nurses do things correctly. We have never missed a call. Staff are respectful and we give good quality care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives shared their views and experience of the service at regular monthly reviews. The registered manager reviewed the information and ensured the updated plans were shared with staff providing the care.
- Relatives were asked for feedback through surveys, the information was used to improve the service. One relative told us there was good on-going communication between them and the care team, they also said, "The staff are understanding, prompt and caring."
- Staff told us they had regular contact with the management team. They confirmed the on-call support was reliable and team meetings and messages were useful. Staff told us they felt able to contribute and provide suggestions on how to improve the service. One member of staff told us, "I can raise issues and am listened to and the issue is looked into. I am supported by everyone."

Working in partnership with others

- We saw evidence of the service working in partnership with other professionals and agencies.
- The service worked closely with allied health professionals in assisting people to regain their mobility after an operation which left them not able to mobilise for a period of weeks.