

Namron Care Provider Ltd

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Inspection report

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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an announced inspection carried out over three visits made on 12,13 and 14 May 2015.

There was a registered manager in post who was also the provider of the service. 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.

Namron Care Provider Ltd provides care for people in their own homes. At the time of our inspection the service was providing care for 32 people and covered a 20 mile radius around the city of Lincoln and its surrounding villages.

During our inspection we found there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems in place to monitor the quality of the service were not effective. Although individual complaints had been investigated and quality checks had been completed they had

Summary of findings

previously not effectively identified and resolved these problems. You can see what action we told the registered persons to take at the back of the full version of this report.

Staff were caring and positive relationships had been developed between people and staff. Staff understood the Mental Capacity Act 2005 and people told us staff asked for permission before providing support to them. Staff treated people with respect and helped them maintain their dignity and people were supported by staff to make their own decisions and choices.

The registered provider had information about how people could access independent advocacy services and staff were aware of their responsibilities relating to confidentiality.

Staff had completed safeguarding training and had access to guidance. They were able to recognise if people were at risk and knew what action they should take. The registered provider had taken action when people had been identified as at risk. However, their approach to identifying, recording and managing risk was inconsistent.

The registered provider completed appropriate pre-employment checks before any new staff member started to work for the service. Staff received an induction when they started employment with the provider. Staff were sufficiently trained and supported by the registered provider to undertake their roles and there was sufficient staff to provide people's care. However, the staff providing care to people was not always consistent with their timings and available when people required care.

Summary of findings

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 not consistently safe.

Staff understood their role in relation to safeguarding procedures.

There were sufficient staff employed by the service to enable them to care for people safely.

However, the registered provider's approach to managing risk was inconsistent.

Requires improvement



Is the service effective?

The service was effective.

People were cared for by staff who received an appropriate induction to their role.

People's healthcare needs were met and they were helped to eat and drink enough to stay well.

Staff understood how to apply the Mental Capacity Act 2005 and decisions about people's care were made in line with the best interest decision making process.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect and staff were aware of people's choices and care needs.

The registered provider and staff maintained people's personal information in a way which ensured it was kept confidential.

Good



Is the service responsive?

The service was not always responsive.

People were involved in planning their care; however, there were inconsistencies in the way care was provided by staff.

A complaints process was in place and complaints received by the registered provider had been responded to in line with their procedures.

Requires improvement



Is the service well-led?

The service was not consistently well-led.

The systems in place to monitor the quality of the service were not effective.

There was a registered manager and staff were well supported.

Requires improvement



Namron Care Provider Ltd

Detailed findings

Background to this inspection

Namron Care Provider Ltd provides personal care in people's homes to adults of all ages with a range of health care needs. There were 32 people using the service at the time of the 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 is a new service and there have been no previous inspections carried out by the Care Quality Commission. The service became operational on 19 January 2015.

We visited the administrative office of the service on 12, 13 and 14 May 2015 and the inspection team consisted of one inspector. The inspection was announced. The registered persons were given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. The provider returned the PIR and we took this into account when we made our judgements in this report.

We also reviewed notifications of incidents that the registered persons had sent us. In addition, we contacted the local authority for Lincolnshire who pay for some people to use the service. We did this to obtain their views about how well the service was meeting people's needs.

During the inspection we spoke by telephone with five people who used the service and a relative of one person who used the service. We also spoke with five members of the care staff team, two co-ordinators who were responsible for organising and checking on the visits completed to people's homes, the registered manager and one of the providers directors. We also looked at five records related to the care people received and a range of records relating to how the service was run. This included policies and procedures related to how people were supported with their medicines, policies relating to staff and rotas which showed planned visit times. We also viewed staff meeting records, five staff recruitment records and the registered provider's staff training plan.

Is the service safe?

Our findings

Risks to people had been identified and assessed in relation to areas such as safety, communications and mobility. However, the registered provider's approach to managing risk was inconsistent. Risk assessment records were generic and did not include enough personal information about how the person wished to be supported in managing risks. These included tasks linked to supporting people with personal hygiene and when people needed prompting to take their medicines. Risk assessments did not clearly link to the person's care plan record and other assessment information completed, for example by the local authority.

Staff also told us that they sometimes felt there wasn't enough information communicated with them about potential risks that they needed to be aware of when they were allocated new work, for example regarding access to property. This meant risks may not be managed in the right way and be unsafe. We spoke with the registered manager about this who confirmed they had commenced undertaking immediate action to review, audit and update all the current care and risk assessment records in place.

People we spoke with said they felt they were safe when care staff visited them. One person said "They do sometimes send different staff but they all have a name badge, which I can see is up to date so I can let them in. If I had any worries about who someone was I would call the office and they would tell me."

All of the staff we spoke with wore name badges which contained an up to date picture of them. The badges included an expiry date to make sure the pictures and any changes in information could be updated.

The registered manager had an ongoing recruitment process in place to help sustain staffing levels and rotas we looked at showed there were sufficient staff to provide people with the care they needed. Care staff we spoke with said there was enough time to provide care appropriately. Where people required two care staff to support them with their care this had been factored into the rotas.

Records demonstrated the registered provider had a safe staff recruitment process in place. Staff had undergone relevant recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff told us they had access to safeguarding policies to enable them to report any safeguarding concerns. Staff were able to demonstrate an understanding of their safeguarding responsibilities. People were kept safe as staff understood their role in relation to safeguarding procedures. Where issues of concern in regard to people's safety had been identified the registered provider had acted quickly to respond and provide information to the local authority about action they had completed and planned.

Some people received visits to help them with important tasks such as taking medicines. Where this is the case it is important that the visits are scheduled so that the medicines are taken at the right time and that there is a sufficient interval between doses.

The registered manager told us about two recent concerns they had received from people direct about the support they received with their medicines and that they were investigating the concerns. The registered manager confirmed the outcome of their investigation would be shared with the local authority. We were also contacted by a local authority commissioner who expressed concerns that the agency had been asked to provide care to one person who required medication at specific intervals otherwise they might receive either too much or too little. The agency had failed to time these visits accordingly. The registered manager told us that they were aware of this and had undertaken a review of the arrangements in place to try to improve the situation. The registered manager also showed they were now monitoring the calls made to the person to make sure they received the support they needed.

Is the service effective?

Our findings

People told us that they thought staff were skilled and one person said, “The carers who visit me check the information from the last carer and talk to me about my care needs. They seem to be good and know what to do.”

Another person said, “I am recovering from a recent fracture. The care staff sort out my personal care well and the nurse comes in to support me with my diabetic needs. They work together well without getting in each other’s way.”

People we spoke with confirmed they had been supported to have their health needs met. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted in order to promote people’s good health. For example, a staff member told us they identified one person needed additional support to have their bed raised so their needs could be met in a safe way. The staff member said they reported the concerns to the agency co-ordinator who liaised with the local authority and health so that a raised bed could be issued.

Staff told us their role also included, when required, making sure people had enough to eat and drink when they visited. Records contained information about what people ate and drank, and any specific support people required with their meals. However, we had been informed by the local authority that one person had not been fully supported to maintain their health though receiving consistent support to eat enough. This was a task set out in the persons care records but had not been completed by staff. The provider told us they had investigated this concern and had undertaken action, including further reviews with the person to identify how they could ensure all needs identified were being responded to. They had also reported their actions to the local authority and had introduced tighter check and audit systems to support staff and ensure the concerns identified would not be repeated.

People were cared for by staff who received an appropriate induction to their role. All the staff we spoke with told us they had received an induction and they had found this useful. They said they had received or were due to receive update training on specific issues such as dementia, infection control and moving and handling.

One new staff member told us how they went through all the policies with the registered manager. They said they also watched a range of videos about providing care in a safe way and had an opportunity to shadow an experienced staff before they commenced fully in their role. Established staff told us they received regular office based supervision from the registered manager and also had spot checks carried out on their practice.

People we spoke with said that the care staff listened to them and asked for their consent before delivering care and respected people’s choices. Records included information about what care people had agreed to and staff were able to tell us what they would do if people refused care.

Where people did not have the capacity to consent, the provider understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests.

Some staff told us they did not have training in the Mental Capacity Act 2005 but that they had experience from previous employment and that they were aware that training was due to take place. Staff said they managed issues related to consent with the people to whom they provided personal care and showed they had a working knowledge, which they said they applied to ensure people were able to give their consent. Records showed that training in the subject had been planned for 29 May 2015.

Is the service caring?

Our findings

People said they were treated with respect and with kindness. A person said, “The staff who call are very supportive. They feel like good friends and I am getting to know them and them me, more each time they call.” Another person said, “The cares are superb. Very gentle and they do what I need to feel cared for.”

We observed staff spoke kindly and patiently with people when they called the office for clarification about their visits. Staff reassured people and if they could not answer the question directly arranged to call people back once they had the information.

We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person’s care so that they could coordinate and complement each other’s contribution.

Staff recognised the importance of not intruding into people’s private space. People told us when they had been first been introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people’s wishes while ensuring that people were safe and secure in their homes.

The registered provider told us that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services which could provide guidance and assistance if this was needed. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Staff had received guidance about how to correctly manage confidential information. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis.

We noted that staff were aware of the need to only use secure communication routes when discussing confidential matters with colleagues. A staff member told us, “Confidentiality is really important, we don’t discuss other calls we make to people.” Records that contained private information were stored securely on the service’s computer system. Staff could only access the system using an authorised and unique password.

Is the service responsive?

Our findings

The registered provider had obtained copies of relevant assessments from other agencies when people were first referred to the service to enable them to understand the person's needs and establish if they were able to meet them. The registered manager told us the information was used to contact the person and undertake an assessment visit in order to agree how the care should be delivered. Staff told us that the co-ordinator who managed the rotas understood the care needs of people and the geography of the area which helped to ensure people received appropriate and timely care.

We spoke with the office co-ordinator who showed us an assessment record which had been sent through to them from the local authority. The co-ordinator showed us how they transferred the information to a care record plan for use by care staff when they visited.

When we asked staff how they knew how to care for people they told us that they read the daily notes before providing care. Staff said they were able to feedback issues and concerns to the office team on an ongoing basis so that any changes in need could be reassessed and met.

People told us they had a diary and care record information about how their needs should be met together with other information about the service which was kept in their home. Records regarding call times for people showed three people received check calls of fifteen minutes each. Staff told us that if they identified a change in a person's needs when they visited and the person required more time they would be able to provide this. They said that if this was a one off that they would stay with the person and provide the care. They would let the office know so that they could inform their next call. Staff said that if someone required additional support on a regular basis this would be discussed with managers and additional support negotiated.

People who received care had not yet received a formal review from the registered provider as the services were new. However, we saw the registered provider had a plan in place to audit and review each of the care packages in place. The reviews were due to take place and the registered manager told us that they were updating all

documentation as part of the reviews. They said they and one of the registered provider's co-directors had allocated themselves time to carry out all the reviews together with them.

People had access to a service user guide, which included information about the registered provider's complaints procedure. The registered manager told us the guide was being updated to include information about the local ombudsman as this had not previously been added. In addition, complaints and how to complain were discussed at the initial assessment undertaken at the time services commenced. People were given information about how to make a complaint and staff understood their role. Records showed the service had received five formal complaints since they became operational. The registered manager showed us all complaints had been logged and where required action to investigate the complaints was in progress.

The lack of consistency of carers was a concern raised by some people as they felt that new staff would not know how to care for them. Where people had requested specific times for their visits they had not always been provided. Care records were not consistently clear about the timings agreed for people's calls. We saw from complaints that this was an issue which some people who used the service had raised. The information clearly showed that some people had not had their needs met at the right times for them and that delays in receiving care had put people at risk. One person said, "They do ring to let me know but staff sometime arrive very late."

The registered manager showed us records to confirm the actions they were undertaking in response to the concerns received. For example, the registered manager told us how they were including call time checks as part of the reviews they were undertaking. They also showed us they were introducing a new electronic call monitoring system and care staff were in the process of receiving training for this. The registered manager told us this should allow them to effectively monitor care call times and report on and take action to address late or early calls more effectively. However, the new system had not started and we could yet not see if this would improve the consistency of call times.

In advance of the new system being introduced and to try to address immediate issues identified we saw the registered manager had adjusted staff rotas and re-deployed staff to respond to any new and ongoing

Is the service responsive?

concerns raised. They had also undertaken reviews of individual care arrangements with people and their relatives to address individual concerns raised. A relative we spoke with said, "I had real concerns a couple of weeks

ago about the consistency and skills of the carers. Now we have had a review we are very happy and the changes made are good. As long as things don't change we feel the care is much much better."

Is the service well-led?

Our findings

The service had a registered manager in post who confirmed they were supported by a personal assistant and an office manager. The registered manager described how their different roles fitted together to ensure the smooth running of the service. We found there were clear communications systems in place to make sure the management team worked well together.

However, we had received information prior to our inspection where concerns were raised about the arrangements for ensuring that people received consistent care. The registered provider also told us that between January 2015 and April 2015 they recognised there had been some issues related to the monitoring of service provision that they had not identified early enough. The registered manager said they had not undertaken sufficient audit checks to ensure staff deployment was being co-ordinated in the right way. Quality checks completed had previously not effectively identified and resolved these problems. There was no clear oversight or analysis of the concerns being raised by people and their relatives about the reliability of the service. There were also no clear actions in place to show how the concerns raised by people had been responded to. This meant people were receiving inconsistent care.

The registered manager told us and we saw they had since taken action and call logs were now updated and checked on a regular basis and any errors or gaps discussed with the member of staff concerned. They said that if the concerns continued further action would be taken such as providing additional support to the staff member.

The registered manager also showed us they had recruited a new office manager who was due to commence in post in June 2015. Prior to the new office manager starting the registered manager had taken responsibility for overseeing the day to day management and deployment of the staff team. Other measures put in place by the registered provider included not taking on any new work until they had assured themselves that the issues they had identified had been fully addressed. However, although we could see that improvements had been made we could not be sure these would be sustained and that Namron Care Provider

Ltd had not protected people who lived used the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided.

The shortfalls in completing quality checks had increased the risk that people would not reliably receive care that met their needs and expectations. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider showed us staff were provided with information and guidance which covered the principles and values of the service. Staff we spoke with clearly demonstrated their understanding of the values of the service through their description of the support they provided to people and the behaviour that was expected of them.

People we spoke with told us there were good communications from the office and they knew who to speak with. People's feedback on the service was sought through regular telephone calls and when needed visits from the registered manager. Staff were encouraged to speak with the office about any concerns they had about people's care. The registered manager also showed us they were in the process of sending out and undertaking a formal survey to obtain additional feedback on the quality of services being provided.

Staff told us they felt able to raise concerns and were confident that these would be listened and responded to appropriately. Details of the whistleblowing policy were available to staff. People were supported by staff who were encouraged to raise issues. One member of staff said, "I wouldn't hesitate to go to the manager or to the office to raise concerns. We all speak openly if we have any issues."

Staff said that they felt supported in their role and they had regular contact with the registered manager and the office staff. Staff also said they felt able to raise any concerns as soon as they were identified. Where staff worked alone they were provided with equipment and support mechanisms to keep them safe.

The registered manager showed us on 27 March 2015 they had sent out survey questionnaires to people and their relatives in order to obtain feedback from people about the quality of the services being provided. The registered manager confirmed the information returned had not given them sufficient information to demonstrate people were

Is the service well-led?

satisfied with the services they received. The registered manager showed us they had were undertaking a visit to

each person to obtain feedback from them and that the visits would be supported by one of the registered provider's co-directors. This work had commenced during our inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not protected people who used in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided.</p> <p>Regulation 17 (2) (a) (b)</p>