

Nottz Care Limited

Nottz Care

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 

Summary of findings

Overall summary

About the service: Nottz Care Limited provides personal care and support in people's homes to adults of all ages with a range of care needs. The service currently has 28 people registered to use the service, living in and around Nottinghamshire and Nottingham city centre.

People's experience of using this service:

Robust recruitment processes were not in place to protect people from unsuitable staff.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have asked the provider to provide us with an action plan in relation to this.

Care records were not personalised and did not always clearly reflect how staff were meeting people's specific health conditions.

Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

People told us they felt safe with the staff who supported them.

People and their relatives said staff were caring and respected their privacy and dignity.

People felt the service they received helped to maintain their independence where possible.

People knew how to complain and knew the process to follow if they had concerns.

People and staff felt the management was supportive and approachable.

Staff were happy in their role which had a positive effect on people's wellbeing.

Rating at last inspection: The service was previously inspected on 15 October 2018 and was rated as Good. Report published 8 November 2018.

Why we inspected: This was a scheduled inspection that was brought forward due to information received about risks in the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always Safe	Requires Improvement ●
Is the service effective? The service was Effective	Good ●
Is the service caring? The service was Caring	Good ●
Is the service responsive? The service was not always Responsive	Requires Improvement ●
Is the service well-led? The service was not always Well-Led	Requires Improvement ●

Nottz Care

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by an inspector, an assistant inspector and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Nottz Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger adults. People who may be living with dementia, a physical disability, or a sensory impairment.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

We visited the office location on 21 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the 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.

At the time of the inspection we had not received any statutory notifications. Notifications are information

about important events the service is required to send us by law. We asked the registered manager to ensure that they had registered on the provider portal and were familiar with their responsibilities and requirements to notify CCQ of certain events and incidents as required by registration.

We looked at care plans, daily notes and other documentation, such as medication records, relating to six people who use the service. In addition, we looked at the records relating to the running of the service.

These included a sample of quality assurance records, staff and training records. We spoke with six staff members including; the registered manager, care co-ordinator, and care staff. We spoke to five people who used the service and three relatives.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment processes were not always correctly followed that meant staff were not appropriately checked for suitability before being employed by the service. Staff records did not always include an application form, two written references and a check with the Disclosure and Barring Service (DBS) prior to a person starting their employment with the service. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with people who use care and support services. We also found two examples where staff had been employed from overseas without the registered manager obtaining appropriate criminal record checks and 'right to work' documentation for these people prior to them starting in post.

The failure to ensure the employment of fit and proper persons is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Rotas showed there were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their assessed needs.
- We saw from staff rota's and people's daily care records that care call times were mainly adhered to. People told us, "They (the staff) have excellent timekeeping. Once there was a situation as one member of staff was ill, the registered manager rang to advise me there would be a slight delay, but I really didn't have to wait long." Another person told us, "My relative has one carer a day who is allocated 45 minutes and they are only ever slightly late; it is very rare and if this is likely to happen the agency call to let us know."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they were supported by staff.
- Relatives said they felt their family members were safe with the staff. One relative told us, "If [Name] didn't feel safe, I would just contact the manager, who would also contact me if there were any issues; it is a good two-way relationship."
- Staff had the knowledge and confidence to identify safeguarding concerns and acted on them. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction.
- Staff knew how to recognise abuse and protect people from the risk of abuse. Records showed staff had completed training on safeguarding adults from abuse. One member of staff explained the process they had for reporting incidents directly to the registered manager, and how they had recently completed an incident form in relation to a person, complete with a body map in relation to bruising. They told us they had stayed with this person at the care call until the situation had been resolved and medical attention had been sought.

- Staff we spoke with told us if they had any concerns they would report them to the registered manager, and if needed to the local authority or CQC.
- People benefitted from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to the registered manager in the organisation, or directly to external organisations.

Assessing risk, safety monitoring and management

- People had individual risk assessments in their care plans that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Although these were detailed, we found that they were not always person centred, and did not include national best practice guidelines for specific conditions.
- Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed with people. These included environmental risks and any risks due to health and the support needs of the person.

We recommend that the registered provider refer to current clinical guidelines and best practice to ensure systems and processes and accurate records are in place. This will help to identify and assess risks to the health, safety and/or welfare of people who use the service.

Learning lessons when things go wrong

- The registered manager had not always taken appropriate action following lessons learnt and identified from complaints, concerns, accident and incidents.
- We found there were not robust processes in place to enable the registered manager to ensure that any themes or trends and potential learning from such incidents were identified and cascaded to the staff team, resulting in continual improvements in safety.

Using medicines safely

- People were supported to administer medicines by staff who were assessed as competent or trained to do so.
- There were appropriate arrangements in place for the recording and prompting or administering of prescribed medicines. Medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Preventing and controlling infection

- Staff received training in the control of infection.
- Staff were provided with personal protective equipment, so they could carry out their work safely. One relative told us, "The carers are very particular about infection control and always wear gloves and aprons when helping my relative to have a wash."

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

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 received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received. Although we found that some care plans had not been signed by the person receiving care upon commencing care with the service. We saw that the care plans had been recently reviewed. One person told us, "I had an assessment before they started to give my care. The staff then wrote a care plan that we talked about and then I signed it. The care plan is in my house and the carers write in it every day. New carers always take time to read the care plan before they provide care."
- Care plans provided information about how people wished to receive care and support. The care plans seen provided staff with relevant health information and the person's desired outcomes from the care and support. The care plans described people's needs in a range of areas including personal care, daily living activities and meal preparation.

Staff support: induction, training, skills and experience

- Staff felt supported in their role, but some staff told us supervisions were not carried out as regularly as they would like.
- Supervisions provide an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help staff develop.
- People were supported by staff who had access to a range of training to develop the skills and knowledge required to meet people's needs. Records showed that training deemed mandatory by the provider for their role was up to date.
- One person told us, "The staff seem very well trained and have good knowledge and skills. They always seem to know what they are doing."

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

- Where providing meals was part of the package of care or where a person was being supported to manage their diet, for example with diabetes daily records included how much people had eaten recorded in a food and fluid chart. One person told us, "Sometimes the carers help me with my breakfast if I am not feeling too good. They always ask me what I fancy to eat."
- Where people were not eating well staff would highlight that to the person's relative, the registered manager or the care co-ordinator and advice would be sought from a health professional, if necessary.

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

- Records showed the service communicated with other health and social care professionals such as social

workers, GP's and occupational therapists, to make sure people's health and care needs were met.

- A relative told us, "The staff know what to do to meet [Name's] needs and well-being."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were clear about the need to seek verbal consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent. Staff told us that some people could make day to day decisions on their own.
- One relative told us, "The staff ask my mother's permission before they do anything and also offer her a choice of how she would like things done."
- One relative told us, "Initially a person came to speak with my relative and wrote up what was required, and the file appeared the next day with everything listed. My relative signed the care plan after the lady had gone through it with her; she knows what she has signed."
- Staff we spoke to had training related to the MCA and demonstrated they knew how to support people in relation to this.

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

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 and their relatives told us they liked the staff and that the staff were caring. One person told us, "The staff are very nice; they are warm in their nature and make me feel comfortable." Another person said, "I have good chats with the staff. I also know that when they approach me, they are thinking of my feelings; they are so considerate and provide reassurance all of the time."
- One relative told us, "I have seen that the staff are very kind and caring and we are all very happy with them. They went on to say, "The staff have helped with my relative's depression; they have improved [Name's] mood and lifted their spirits."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and talked about people warmly.
- Staff had a good knowledge of people as individuals and knew their personal likes and dislikes. Staff told us they showed respect for people by addressing them using their preferred name and maintaining eye contact.
- It was clear from the responses we gained that people had confidence in the staff who cared for them.

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

- People said care staff consulted them about their care and how it was provided. Care plans reminded care staff to offer people choices in respect of clothing, meals and drinks. Staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage the person but then record that care had not been provided and why.
- People and relatives told us they were involved in day to day decisions about their care, such as meal choices.
- The service used advocacy services to support people where needed. We saw evidence of this in people's care plans and professional notes.

Respecting and promoting people's privacy, dignity and independence

- People could be assured that their information was kept securely and confidentially by staff who understood the importance of this and had received training in relation on this subject.
- Staff we spoke with explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up. One person told us, "The staff always close the bathroom door when I am having a shower; they never leave me exposed and always cover me with a towel during my wash." A relative told us, "The carers wash my relative in their room and are very aware of their privacy; they close the door and are very respectful."
- One person told us, "The staff are so good as there are times when I am not so well, so they provide different care accordingly. I move from being quite independent to really being more dependent and they

(the staff) understand this."

- One relative told us "The care is all timed just how it should be and is not rushed. The staff chat to my relative and are getting to know them well; they seem to have a good rapport. A lovely relationship is developing."

Is the service responsive?

Our findings

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

People's needs were not always met.

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

- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation and shopping and dressing. The care plans also included daily routines specific to each person which helped to ensure that people received care and support personalised to them. We found there was limited information in some of the care plans relating to people's life histories and best practice guidance in relation to some specific health conditions.

We raised our concerns with the registered manager in relation to the lack of personalisation of the care plans. And to ensure that reviews were undertaken with people, their family and advocates. The registered manager assured us this was being completed following recommendations made by the local authority at a recent quality monitoring audit.

- People felt staff knew them well and understood their personal routines. One person told us, "I have four regular staff who support me, and they work in a rota. I have one member of staff who supports me most of the time; they are the one I asked for as I feel really comfortable with them, although they are all nice."

- We saw that care plans were being reviewed with people, and one person told us, "I have been using the agency since December and they have completed one review with me since that time. They recently told me that they are planning to come out again to make sure everything is okay."

- People were supported to access the community and choose the activities they wished to pursue. Organised activities included, day centres, shopping and days out.

Improving care quality in response to complaints or concerns;

- People and their relatives could raise concerns and told us they would if they needed to.

- People and their relatives told us they were confident that the manager would ensure that their problems were dealt with in a timely manner. One relative told us, "I have contacted the office once when we had a slight problem and I really felt they listened. They contacted the carer who called us back and sorted the issue out."

- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We found information about the service was available for people in large print if required.

- The service identified people's information and communication needs by assessing them. Staff understood people's communication needs.

End of life care and support

- When we visited the service, nobody was receiving end of life care. However, there were care plans with details on who to contact and funeral arrangements. Some people had signed 'do not resuscitate orders' (DNA/CPR) in their care records, which staff were aware of. We saw in care plans that the end of life care planning needed to reflect people's wishes and beliefs or pain relief requirements for their palliative support needs. We raised this concern with the registered manager, and they assured us they would seek to rectify this, using best practice guidance for care planning at end of life.

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

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; Continuous learning and improving care

- The provider had a system in place to log any safeguarding concerns and statutory notifications. Providers are required to submit statutory notifications to inform the Care Quality Commission (CQC) of certain events affecting people and the running of the service.
- At the time of inspection, the provider had not submitted any notifications to CQC in the last 12 months. However, we found a record which highlighted an allegation of abuse in relation to a person using the service. The registered person had contacted the local authority safeguarding team regarding this. However, they had failed to notify CQC. The registered manager was directed to the notification guidance and advised they would submit a notification promptly.
- The service had a registered manager as required. The previous rating was displayed at the office premises.
- There was a clear management structure in place. Staff were clear on their roles and who they should report to.

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

- People and their relatives we spoke with told us they were happy with the service and the care provided. One person told us, "It is very good, and I would recommend it. I have very high standards and think if it is good enough for me it should suit most people." A relative said, "The staff who come to [my family member] are such lovely people. I would recommend this service because they are caring staff who are reliable."
- Staff said the registered manager was accessible and approachable and dealt effectively with any concerns they raised.
- Staff said they would feel confident about reporting any concerns or poor practice to the registered manager.
- Staff promoted an open and transparent atmosphere and no blame culture.

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

- The registered manager carried out formal quality assurance surveys to obtain the views of people and their families. This was used to assess the quality of the service, and to make any changes needed from the feedback gained. We saw evidence that the registered manager had been proactive in responding to a person who had requested a call time change, and another person who had required a later call at weekends to accommodate attendance at church.

- One person told us, "The service is extremely well led by the manager. I genuinely from my heart appreciate the manager and the company. They are excellent."
- Staff had team meetings, although we found that the minutes of these meetings had not been formally recorded. We raised our concerns regarding this omission with the registered manager and asked them to ensure that the minutes were recorded at all future meetings, so that topics such as any changes in people's needs or care, best practice and other important information related to the service could be shared across the staff team. The registered manager assured us this would be carried out in future.

Working in partnership with others

- The registered manager and staff team worked well with other external services to achieve positive outcomes for people.
- Since our last inspection, the service had been working in partnership with the local authority, safeguarding teams. The local authority was satisfied with the progress and felt improvements had been made and were confident with the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People who use services and others were not protected against the risks associated with the employment of fit and proper persons. The provider did not have effective recruitment procedures in place.</p>