

Namron Care Provider Ltd

# Namron Care Provider Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We previously carried out an announced comprehensive inspection of this service on 12, 13 and 14 May 2015. During this inspection we found that the provider was not meeting the standards we expected and there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems in place to assess and monitor the quality of the service were not effective.

After the inspection, the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We undertook this focused inspection on 28 January 2016 in order to check that the registered provider had followed and completed their plan and to confirm that they now met the legal requirements. During this inspection we found the provider had made improvements in the specific areas we had identified.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Namron Care Provider Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Namron Care Provider Ltd provides care for people in their own homes. At the time of our inspection the service was providing care for four people and covered the geographical areas of the city of Lincoln and its surrounding villages.

There was a registered manager in post who was also the registered provider of the service. For the purpose of this report we refer to the registered manager as the provider. 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.

# Summary of findings

On the day of our inspection we found that the existing arrangements in place to monitor the quality of the service had been strengthened in order to keep improving the quality of care people received. Audits

were in place to check the work being completed by staff. These checks were more effective in identifying and quickly responding to issues they identified at an earlier stage.

# 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 well-led?**

We found that action had been taken since our last inspection to make improvements in regard to how well-led the service was.

Processes in place to monitor the quality of the service had been strengthened. This meant that the provider was now meeting legal requirements.

However, although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well led at the next comprehensive inspection.

**Requires improvement**



# Namron Care Provider Ltd

## Detailed findings

### Background to this inspection

We undertook a follow up, focussed inspection at Namron Care Provider Ltd on 28 January 2016. Our inspection was undertaken in order to check that improvements had been made to meet the legal requirements with regard to quality monitoring which were planned by the provider after our last comprehensive inspection.

Our inspection was announced. The registered persons were given a short period of notice because they were often out of the office supporting staff or visiting people who used the service. We needed to be sure that they would be available to contribute to this inspection and provide the information we required.

We inspected the service against one of the five questions we ask about services: is the service well-led? This was because the service was not meeting a legal requirement in relation to this section.

The inspection team consisted of a single inspector.

During our inspection we spoke with the provider, the office manager, one person who used the service, two relatives of people who received support and three members of the care staff team. We also looked at the systems used by the provider to monitor the service, which included records of audits undertaken in regard to checking the quality and consistency of the care provided, supporting staff and care records.

# Is the service well-led?

## Our findings

At our previous inspection in 12, 13 and 14 May 2015 we identified that arrangements were not in place to regularly assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection the provider wrote to us to say what they would do to meet the legal requirements.

During this inspection we found that these actions had been completed and improvements had taken place. For example, the provider confirmed that a new office manager had commenced working at the service and that recruiting to this role had given the provider the additional operational support needed to help monitor and manage the service on a day to day basis.

One person told us, “I think the service overall keeps to the times we set. The carers have got to know me well, which is the most critical thing for me. If I have any questions I call the manager and they sort everything out. Staff know what they are doing.” A relative we spoke with told us, “It’s the best domiciliary care support we have received. The communication is good and the office manager is very easy to call and speak with. We have the office phone number and the office manager’s direct number. Staff are consistent and we think everything is very well organised.”

The provider also told us that following our last inspection they had taken a decision to reduce the number of people they provided support for so they could manage and deploy staff more effectively. They and the office manager told us this decision helped them maintain a good knowledge of the people who used the service and the staff. The office manager and staff we spoke with also told us that the office manager also regularly spent time out of the office so that they were aware of what was happening and were available for people and staff to speak with direct.

The provider showed us care records had been updated and task sheets had been regularly audited by the office manager to make sure they were up to date and that care staff were attending to each person in the way they needed.

Staff were aware of their roles and who they were accountable to. Members of staff told us that the registered manager and the office manager were always

approachable and supportive. One member of staff said, “I feel the systems have improved and are clearer. The rotas and arrangements for making sure we know who we are caring for are well organised. We have reduced the number of people we support overall and this has meant we are less reactive as a team.”

The office manager had also ensured a more structured approach to managing and monitoring staff training had been implemented. Each staff member had a clear training record in place and staff we spoke with told us they were well supported with training. Staff also said that they felt able to raise issues whenever they needed to and that they had received individual one to one meetings with the office manager. Records showed that since our last inspection all staff had received supervision.

Staff were aware the service had a whistleblowing policy and contact numbers to report issues were available to them. Staff told us they were confident about raising concerns about any poor practices witnessed. They also told us they felt able to raise concerns and any issues with the registered manager but would not hesitate to escalate them externally to organisations such as the local authority and the Care Quality Commission (CQC) if needed.

The office manager described how they gained people's views while they were visiting to provide care as part of the care team. They said this allowed them to ask people if they were happy with the service they were receiving on a regular basis. This was confirmed by the people we spoke with.

One person and a relative we spoke with told us that they felt they could raise issues with the registered manager and these would be resolved. One person said, “We all feel we work together well and I feel very involved with the arrangements in place. It’s the only way it can work.”

Another relative we spoke with said they had experienced some inconsistencies in the care provided. They told us they had reported the concerns to the office manager and understood efforts were being made to address these. They told us they had not escalated their concern as a formal complaint because they had been having regular communication from the office manager. With the relatives permission we discussed the concerns raised with the office manager and the provider. They confirmed the actions they had already undertaken to respond to the issues raised. They also proceeded to arrange a more

## Is the service well-led?

formal review together with the relative and person receiving services. This action demonstrated the provider was managing the situation appropriately. We asked them to tell us about the outcome of the review and any subsequent actions completed.

Although we found improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will therefore review our rating for well-led at the next comprehensive inspection we undertake.