

Norfolk Quality Care Ltd

# Norfolk Quality Care

## Inspection report

10 Old Forge Close  
Trunch  
North Walsham  
Norfolk  
NR28 0GW

Tel: 01263722822

Date of inspection visit:  
18 August 2016

Date of publication:  
26 September 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced inspection was carried out on 18 August 2016. Norfolk Quality Care provides support and personal care to people living in their own homes in North Walsham and surrounding villages. On the day of the inspection there were 12 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who understood the risks they could face and knew how to make people feel safe. People were encouraged to be independent and risks were managed in the least restrictive way possible.

There were sufficient numbers of staff employed to provide people with their planned service. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they wanted by staff who had the knowledge and skills they needed to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed.

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

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

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

People who used the service and care workers were able to express their views about the service. The management of the service provided leadership that gained the respect of staff and motivated them as a team. .

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe using the service because staff looked for any potential risk of abuse or harm and acted so they reduced this.

People were supported by a sufficient number of staff who worked together well and were flexible in order to meet people's needs.

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

### Is the service effective?

Good ●

The service was effective.

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

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

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

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they received, which they were able to make changes to in order to suit their own circumstances.

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

### Is the service responsive?

Good ●

The service was responsive.

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

People felt they were able to have any discussions they wanted and this would include raising any concerns if they had any.

### Is the service well-led?

Good ●

The service was well led.

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

People used a service led by a respected manager who led a caring staff team.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency.

People used a service led by a respected manager who led a caring staff team.

# Norfolk Quality Care

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 18 August 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with two people who used the service and three relatives. We also spoke with two care workers and the registered manager.

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

# Is the service safe?

## Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. A person who used the service told us, "They have been fine with me." A relative told us their relation was, "Definitely very safe, it's their (staff) attitude towards them." Another relative said knowing all the care workers who worked for the agency was reassuring.

Care workers were able to describe the different types of abuse and harm people could face, and how these could occur. They said people's safety and safeguarding issues were discussed in weekly meetings. Care workers said they would raise any concerns or worries they had about people's safety with the registered manager, who would notify the local authority. The registered manager told us they had not needed to raise any concerns about people's safety at this service, but they had done so previously when working for another agency. Training records showed staff had either completed safeguarding training, or were currently undertaking this.

People received their care and support in a way that had been assessed for them to receive this safely with the minimum of restriction. One relative told us their relation had been reassessed by the registered manager each time they had been discharged from hospital. They told us staff who visited them knew how to operate the equipment used, such as mobility aids, without causing them any harm. One person told us, "They are always very careful, they say to me 'don't hurry'." A relative described how care workers had encouraged their relation with their mobility. They described how their relation used to need care workers to support them, but with their encouragement and support, their relation could now move independently with the support of a walking frame. Another relative told us they saw staff using equipment safely, including having the correct number of staff required for this.

People confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely. One relative told us this had included, "Even down to whether [dog name] was a risk." We saw completed environmental risk assessments in people's care plans.

Care workers were aware of how people's different circumstances could pose risks to their wellbeing and safety. They described actions they took to reduce these, for example helping people with their mobility by using mobility equipment safely and ensuring people who were cared for in bed had regular positional changes to promote their skin integrity. The registered manager told us they were currently changing the way they completed risk assessments and showed some they had prepared in a new format. These described how care workers should support people with key areas of their care in a way that promoted their independence whilst reducing risks they may face in doing so.

There were sufficient numbers of staff employed to provide people with consistent care and support which met their needs. A relative told us their relation had, "About four or five different carers, often it is the same person coming in, others cover their days off. [Name] knows them all." Another relative said their relation, "Gets regular staff coming and it's great, it is superb."

People told us personal care visits usually took place at the time they were planned for. They said they were contacted if there were any changes to these. One person said, "They are not bad on time (keeping)." People told us they understood there may be occasions when their calls were late due to unforeseen circumstances. A relative said, "They are on time unless they have been held up." Another relative said care workers were, "Normally on time if not there is a really good reason."

Care workers told us they all worked together as a team, including the registered manager, and that there were enough staff employed to carry out the planned calls. The registered manager told us they had recruited a care coordinator who would be joining the staff team once their recruitment checks had been completed. They told us this would enable them to spend the time they needed managing office based work.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People were encouraged to manage their own medicines, but support was provided to people if they required it to ensure they took their medicines safely. A relative told us care workers, "Handle it (relation's medicines) well, I know from experience when I did it they are doing it right. They make sure [name] has a glass of water to take them with." Another relative said, "They have got a MAR (medicine administration record) sheet they sign. I check it to make sure and they have had their medication when I get in, and [relation] has always had them." The relative added they had seen care workers, "Doing it safely and making sure they have taken them."

Staff were clear about what support people needed with their medicines. One care worker said, "We can't have the medication going wrong, that could cause someone major problems." They told us they had received training on medicines administration and we saw certificates in place on staff files. The registered manager told us they worked with each staff member and observed them support people with their medicines when doing so. MAR charted had been completed correctly to show people had taken their medicines as intended.

## Is the service effective?

### Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. During our conversations with people they told us care workers appeared to have received the training they needed as they knew how to meet their, or their relation's, needs. People described how care workers knew how to operate equipment and meet their personal care needs in a competent way. One person told us, "They seem to be well trained, they all know what they are doing." A relative told us, "I ask them about the training. I asked what they had done." They said care workers had told them about the training they received including safeguarding and using a hoist. The relative added, "They said they had been in the hoist (as part of their training) so they can empathise."

Care workers told us they received the training and support they needed to carry out their duties. This included a mixture of on line training as well as discussions and coaching sessions with the registered manager. In addition the registered manager provided care workers with individual supervision where they could discuss any issues or difficulties. The registered manager showed us the certificates for the training courses care workers had completed so far, and told us what further training was planned.

The registered manager said the new care coordinator had started an induction in preparation for when they take up their position. The registered manager told us that care workers would be enrolled onto the care certificate once the care coordinator started work, as one of their roles would be to carry out the observations that are required with this training. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

People had their rights to give their consent and make decisions for themselves promoted and respected. A relative told us their relation was supported to make the decisions they were able to. These included day to day issues such as whether they wanted to put a jumper on. Another relative said their relation was always asked for their consent before any care activity was carried out, they gave an example that care workers would ask, "Would you like a shower this morning?" Both relatives told us that care workers complied with their relation's wishes. Care workers confirmed that they would only provide someone with care if they consented, providing they were able to do so.

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

The registered manager told us they were aware of the principles of the MCA. They said they would assess a person's capacity to make a specific decision, if they were uncertain if the person was able to make the decision in question. The registered manager said at the current time there was not anyone who used the service who did not have the capacity to consent to the care and support they provided.



When required people were provided with support to ensure they had enough to eat and drink to maintain their health and wellbeing. One relative described how care workers supported and encouraged their relation to eat at meal times. They told us there were occasions when their relation could be reluctant to eat and care workers, "Encourage them, they try to get round them by doing what I would like them to do." They told us this included having a cheerful and patient approach and offering an alternative if they were not eating what had been prepared. Other relatives told us care workers did not prepare their relation's meals, but did provide them with drinks during their visits.

The registered manager and care workers said there was not anyone who used the service who was not having sufficient to eat and drink to maintain their health and wellbeing. They said they had previous experience of encouraging people to eat well and would do so when they needed to. The registered manager said there had been some people, who were not eating sufficiently when they first stated to support them, but they were now eating well and their overall wellbeing had improved. They said these people's skin condition had improved and their weight had increased. The registered manager said they had monitoring charts to use if they needed to record how much a person had to eat and drink. Care workers said they always offered people a drink during their visits and made sure they left one in the reach of someone who had limited mobility.

People were supported to maintain their health and wellbeing. People told us care workers would enquire how they felt when they visited and showed an interest in their wellbeing. One person told us, "They always have a chat about how I am." A relative said, "They always ask [name] 'how are you today?' They check [name]'s skin, they always check sensitive areas."

Relatives said care workers understood their relation's healthcare needs and they provided them with the support they needed with regard to their health and wellbeing. One relative said, "I am sure they understand my [relation]'s health, they are very encouraging, which I really like." Another relative said care workers paid attention to detail and gave an example that, "They make sure dressings are in the right place and used properly." One relative told us their relation was living with dementia and described how care workers were able to relate with them. They told us they had seen care workers talking about their relation's earlier life with them and things they had done. The relative said this had a positive effect on their relation's well being.

Care workers said they understood people's healthcare needs through previous experience and having discussions with the registered manager. They told us they asked people how they were feeling and checked to see if there were any signs that indicated they may not be. The registered manager told us any healthcare issues they identified were referred to the appropriate healthcare professional. They said they said they liaised and worked closely with other healthcare professionals, including district nurses, doctors and occupational therapists. The registered manager said they also worked closely with healthcare professionals providing people with end of life care. We saw there was information included about people's health, and any support they required in the care plans we looked at.

## Is the service caring?

### Our findings

People we spoke with told us they, or their relations, enjoyed their care visits and described the care workers who supported them as wonderful and caring. One person said care workers were, "Never in a hurry, if I want to discuss anything they are always willing to listen." A relative said, "They will have a laugh and a joke and it's good to see them make [name] smile." Another relative said the care workers were, "One hundred percent caring" and went on to speak about the happy way they, "Bounce in the door." Relatives also spoke of feeling supported by the care workers. One relative told us care workers, "Ask how I am too, I feel I have got that support."

One relative described how care workers demonstrated caring values. They told us how care workers had come in early the previous day to help their relation get ready for an appointment for some new equipment. The relative said how they had heard the care workers talking with their relation about how this would improve their quality of life.

Care workers told us they found their work rewarding and they enjoyed helping people. They spoke of being able to make a difference to people's lives through providing people with social interaction and attending to their physical needs. One care worker said, "It feels good when you leave someone looking clean and tidy." Care workers also spoke of how they valued being able to make people as comfortable as possible when receiving end of life care.

The registered manager told us their mission was to make people happy, and said they observed care workers being caring in the way they approached their work. They said they gathered information about people's earlier lives and any individual characteristics that helped them provide each person with the most appropriate care, as well as hold conversations of interest with them. The registered manager said they spoke with people about any issues that caused them worry or distress. They told us about reassuring one person when they were going to hospital, and a relative had said their relation, "Really trusts you."

People told us they were involved in planning their care and support and making decisions about this. One person said, "If I want something extra they always do it, they don't refuse anything." A relative said their relation's care was provided, "When they want, how they want." Care workers told us they listened to what people said they wanted and acted upon this. The registered manager told us they discussed with people about what care and support they required and how they would like this to be provided. They went on to tell us that this was normally done when visiting the person in their own home, but said they had visited people in hospital if needed.

The registered manager told us no one who used the service currently had the support of an advocate. They told us they would help someone make contact with one if they wanted this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People told us they, or their relation, were treated with respect and had their dignity maintained when they used the service. Care workers were described as being discreet when they provided personal care, and

conducting themselves in a professional manner. One relative said, "Personal care is done very sensitively." They recalled an occasion when a visitor was asked to leave the room when some personal care had been needed. Another relative said they thought it helped their relation accept receiving support with personal care having care workers wear a uniform. A person who used the service also told us their independence was promoted, they said care workers, "Encourage me to do things for myself."

Care workers described the practices they followed to enable people to have privacy and their dignity respected when they supported them. The registered manager said they promoted people to be as independent as possible. They said where people were able to do something themselves they supported them to do so rather than do this for them.

Care workers respected people's right to privacy and confidentiality. A relative told us care workers were, "Very discreet, they don't mention anyone else's name." They gave an example that a care worker may say they were late because they had been held up on a previous call, but they did not say who they were visiting or what the hold-up had been. The registered manager said they discussed their professional standards in maintaining people's confidentiality as part of their initial meeting with them. They said this was an important issue to people living in a rural community where they were well known.

## Is the service responsive?

### Our findings

People's needs were assessed when they started to use the service so plans could be made on how to provide them with the care and support they needed. One person said, "There is a care plan, it's quite simple and says what I need." A relative told us, "We all wrote the care plan together. We formulated it between us all, we adjusted the times of the appointments to get them right."

The registered manager told us the referral system for new people to use the service from the local authority gave them details about what people's needs were, and the care they were to provide. The registered manager said they always went through the plan with people on the first visit to ensure this was accurate and to explore whether there was any other detail or preference they were not aware of.

The registered manager told us that since they had registered the service in May 2016 they had reviewed people's care plans and recognised where they had wanted to make some improvements to these. They told us they were currently in the process of reviewing and rewriting each care plan. The registered manager said they had completed reviewing and rewriting half of the care plans and expected to have completed the remainder within the next four weeks. The registered manager showed us some people's care plans which they had rewritten, and these provided a clear description of how these people's needs were to be met.

Care workers said the new style care plans were much clearer and gave a better overview of the person who used the service. Care workers also said they were completing monthly summaries of how each person had been so they could identify if there had been any changes in what people could or could not do for themselves.

People described how the care they received met their needs. A person told us their care was, "Definitely what I need, I do try to help myself quite a lot." A relative said, "What [name] gets is what [name] needs, absolutely." Another relative said, "They come into the house and will always do whatever is necessary and do the job properly." People received their care and support at the time it was planned for. A relative said care workers would contact them if they were going to be late due to any unexpected delay. Care workers told us they were able to meet people's needs in the time allocated for each visit. One care worker said, "The feedback we get from people about their care is brilliant."

People were provided with information on what to do if they had any concerns or complaints with the service. There were details about how to make a complaint included in people's care file. A relative said, "It is in their (care) folder with additional things like contact numbers." Care workers said people were able to contact the registered manager if they wanted to discuss any aspect of their care, including raise any concern or complaint. The registered manager told us information about how to make a complaint was included in their statement of purpose which was given to each person who used the service. The registered manager confirmed they had not received any complaints about the service but said that if any complaint was made this would be acted upon according to their complaints procedure. .

People trusted that any concerns would be listened to and acted upon. A relative told us, "I would know that

I could if I needed to (complain), I would feel that I could, and that it would be picked up on." One care worker told us they were not aware of any complaints being made, but said when a person had contacted the registered manager to discuss an issue with their care this had been responded to promptly, and the issue had been resolved for the person.

## Is the service well-led?

### Our findings

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was unclear about when they should notify us of certain events that may occur within the service. We directed the registered manager to the guidance we provide on making notifications. We did not identify an occasion when the registered manager should have notified us of an event, but had not done so. The registered manager told us they were now clear when they needed to notify us of an event.

The registered manager told us they spoke with people who used the service, their relatives and staff on a regular basis, but they did not have any formal auditing and monitoring systems in place. This meant that although they received some feedback on the service, they did not have a way to ensure they were assessing and monitoring the safety and quality of the service. For example we saw records from people's homes that had been returned to the service. These had not been audited to ensure people were receiving their care as planned, and whether there was anything that needed to be followed up on.

The registered manager told us the size of the service enabled them to know whether people were happy with the service they received and if staff had any issues they needed to discuss. The registered manager told us they recognised that as more people started to use the service and they employed more staff they would need to have more formal systems to monitor the quality of the service. Care workers told us they were provided with a pocket sized note pad so they could make any notes they needed to pass on to the registered manager.

People felt the service was well run and effective at communicating with them. A person told us, "I think it is a well-run agency, I really do." A relative said, "I am able to discuss things with them, we have had conversations about how to help [name] eat better." Another relative told us, "I don't know where we would go if they packed up." A relative told us how the service had adapted to enable them to attend a family occasion. The relative said they found the flexibility reassuring. They also said their relation, "Receives quality care as the (agency) name suggests." Care workers told us the agency was a good place to work and they had regular discussions with the registered manager. These included service based issues and they said they felt able to raise anything they wished to discuss.

People were confident in the way the service was managed and had confidence in the registered manager. A person who used the service told us, "I have confidence in them, they seem to be quite organised." A relative said, "Nobody is perfect, but 99% of the time they makes good judgments. [Registered manager] knows if they have made a mistake." The relative gave an example of how they found the management of the service to be open and honest. They told us about an occasion when the registered manager had contacted them to inform them they had made a mistake and how they had corrected this. Another relative told us care workers seemed to be happy working for the registered manager.

Care workers said the registered manager was approachable and they felt listened to when they did raise any issues. Care workers also said the registered manager would provide feedback if something had not

been done correctly and guide them on how tasks should be completed.