

Norvic Healthcare (Anglia) Limited

Norvic Healthcare Anglia

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Norvic Healthcare Anglia is a domiciliary care service that provides personal care to people living in their own homes. At the time of the inspection they were supporting 22 people.

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

The service did not always effectively assess and manage risks to people when receiving care and support. Staff knew people well and were aware of how their care and support should be provided. People told staff arrived on time and stayed the required amount of time. Staff had been appropriately trained and told us they felt supported by the registered manager. They were aware of safeguarding procedures and actions to take should they suspect abuse. Where people required support with their meals or medicines this was provided effectively.

Each person had an individual care plan which set out the care and support they required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support from staff that were caring and knew them well.

There was not always effective quality assurance processes in place to ensure care plans were up to date and consistent. The service had an open and positive culture. People and staff were encouraged to visit the offices which fostered good relationships.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 27 October 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection although some improvements had been made these were not sufficient and the provider was still in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the quality assurance processes at this inspection.

We will meet with the provider following this report being published to discuss how they will make changes

to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our effective findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led..

Details are in our safe findings below.

Norvic Healthcare Anglia

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. 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

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

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. This was because it is a small service and we needed to be sure that somebody would be in the office to support the inspection.

Inspection activity started on 20 June 2019 and ended on 28 June 2019. We visited the office location on 20 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service, the nominated individual, the registered manager, the clinical lead, the assistant operations manager and two care workers. We also received feedback from four care staff. We viewed three people's care files. We looked at documents relating to the management and administration of the service. This included audits, accidents and incidents, policies and procedures, meeting records and surveys. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement. This meant 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.

Assessing risk, safety monitoring and management

- Care plans contained an assessment of the people's needs. However, where a risk had been identified there was no information which demonstrated how the risk was being managed. For example, the assessment for one person showed that their fluid intake needed to be closely monitored. There was no explanation in the care plan as to how this risk was managed by the service.
- A summary of the care plan which gave staff detailed information of the care to be provided on each visit was kept in people's home. The full care plan was kept securely at the service office premises. Staff told us they read the care plan before they provided care and would be notified of any changes. They also told us they regularly attended the service offices where they would update themselves on the care plan.
- Care plans recorded when equipment required servicing.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding adults and whistle blowing procedures in place.
- Staff had received training on safeguarding adults from abuse. They told us they would report any concerns they had to the registered manager and to the local authority and CQC if they needed to.
- The registered manager understood they had to report abuse to the local authority and CQC. A safeguarding reported to the CQC since the last inspection visit demonstrated the registered manager dealt with safeguarding incidents appropriately.

Staffing and recruitment

- Our previous inspection found that there were sufficient staff to meet people's needs. At this inspection we found there continued to be sufficient levels of staff. One person said, "Yes it works very well. I get a rota so I know who is coming."
- The service had not missed any calls due to lack of staff.
- The nominated individual and registered manager explained to us how they had recently changed their terms and conditions for care staff to support recruitment.
- The provider had safe recruitment practices in place. Documents we looked at included references and Disclosure and Barring Service (DBS) checks. This ensured only suitable care staff were employed to support people.

Using medicines safely

- People told us that where the service supported them with their medicines this was done safely. One

person said, "They help with the medication twice a day and it all works as it should."

- The clinical lead told us they reviewed the medicine administration records regularly to ensure medicines were being given as prescribed. However, we found for one person the record of the medicines they were taking had not been updated in their care plan following a review. We discussed this with the registered manager who took immediate action to address the concern.
- There was a medicines policy to ensure staff knew the correct procedures for administering medicines.

Preventing and controlling infection

- People told us staff used gloves and aprons, when providing care and support and staff told us equipment was available to them.
- Staff told us they had received training in infection control and procedures were in place to prevent cross infection.
- Staff were knowledgeable about how to reduce the risk of infection.

Learning lessons when things go wrong

- The provider had a system in place to record incidents and the action they had taken to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us that their care and support needs had been assessed by the service before they began receiving support.
- This assessment enabled the provider to ensure they had the appropriately trained staff needed to support the person's needs before providing support.
- Assessments identified people's likes, dislikes and preferences so staff would know what people's interests were, their medical condition and their history.

Staff support: induction, training, skills and experience

- People told us that staff had the knowledge and skills needed to provide care. One person said, "Yes. They are perfectly fine. I can't fault them in any way."
- Staff had completed an induction programme before providing care. This included training such as moving and handling and shadowing an experienced member of staff.
- Staff told us they had regular supervision and support from the management team. One member of care staff told us, "I feel supported in my role and can raise concerns with my line manager and the director. I discuss my workload with them and additional resources are provided as necessary."
- People we spoke with told us they had confidence in the carers. One person said, "I would recommend it because of the care and the fact that I have confidence in it."

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

- Where people required support with their meals this was recorded in their care plan. For example, one person's care plan recorded they needed their meal cut into bite size pieces.
- Where people needed support with their meals they confirmed to us this was provided. One person said, "I have micro meals. I take them out the night before and they heat them up for me."
- People also told us they had a drink available before staff left ensuring they stayed hydrated.

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

- The registered manager told us they and staff worked in partnership with health and social care professionals, for example district nurses and the local authority to plan and deliver an effective service for the people they cared for.
- People's care records demonstrated external health care professionals were consulted where necessary,

for example dieticians.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Since our last inspection people's care plans had been amended to include a mental capacity assessment and information about their mental health needs.
- People told us they were asked for their consent before they received care or support from staff. One person said, "Yes. I feel in control of the care."
- Staff we spoke with were aware of the MCA and how to apply it in practice.
- Where required, people's care records contained an assessment of people's mental capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff had a caring attitude. One person said, "Yes. They are all really good." Another person said, "They are all lovely people and have become more than carers, I consider them, "friends."
- Staff were motivated, enthusiastic and spoke about people with fondness and respect.
- People's equality and diversity needs were planned into the rota. For example, the service regularly supported a person to go swimming. They preferred support from a member of staff of a particular gender during these sessions and this was accommodated in the rota.

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

- People told us they were involved in making decisions about their care and were included in regular reviews. A relative told us, "If ever they aren't sure about something (concerning my relative) they will phone me up and check."
- People and their family members were able to share their views about the care they received during the regular reviews.
- Each care plan had details of people's preferred routines and people told us staff followed their preferred routines.
- Staff rota's included travel time and breaks which gave staff the time to provide support in a compassionate and personal way.

Respecting and promoting people's privacy, dignity and independence

- People who used the service and relatives said they felt listened to and respected by staff. One person said, "Yes, they are always polite and respectful."
- People were supported to maintain their independence. One person told us how staff helped with things they needed to and always encouraged them to do things for themselves.
- Staff described how they maintained people's privacy and dignity. For example, by closing doors and curtains when providing personal care.
- Confidential information was securely stored and protected in line with General Data Protection Regulations (GDPR). This showed people's sensitive and private information was not unnecessarily shared with others.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was not aware of the AIS. However, people's communication needs were assessed as part of their initial assessment.
- Where one person had difficulties with their sight the care plan explained how staff were to communicate to support the person with their social engagement. For example, carer to read out and record the times of radio programmes the person liked.

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

- Since our previous inspection care plans had been improved. Care plans were personalised and contained information about people's history, preferences and interests. The care plans included information for staff members on how they should support people to ensure that their needs and preferences were met.
- The service was responsive to people's changing needs and could make changes or undertake additional support, in a timely manner. Senior staff told us they were able to provide care if required which gave flexibility where care staff may be delayed.
- People told us they received care from regular carers which ensured consistency and allowed relationships to be built. One person said, "Yes. It works very well as I have regular people."

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. The service did not receive many complaints and those they had received were properly investigated and resolved to the complainant's satisfaction. The registered manager told us they addressed any niggles before they became 'complaints'.
- The registered manager told us they reflected on feedback and shared with staff so any learning could be used to improve the service.

End of life care and support

- The service was not providing any end of life care at the time of our inspection.
- The registered manager told us people often declined having these conversations and they respected their wishes. However, they told us if this was required they could provide the level and type of support through liaison with other healthcare professionals such as district nurses.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection there was a lack of effective systems to monitor and assess the quality of care being provided. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found insufficient improvement had been made and the provider continued to be in breach of regulation 17.

- There was no system in place to audit the whole care plan. The clinical lead audited the care plan summaries in people's homes but the complete care plans kept at the office were not audited to check the quality of the care plan. This had resulted in poor quality or non-existent risk assessments.
- In one case we found a discrepancy between the information contained in the summary in the person's home and the care plan kept at the service. We discussed this with the registered manager who attributed it to human error. There was no system in place to check the information in both care plans was consistent.
- The registered manager and senior staff who carried out the risk assessments had not received up to date training in the assessment and management of risk. Although risk had been identified in the assessment process effective actions had not been put in place and recorded to address the risk.

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

- The management team were open and transparent during the inspection and demonstrated they were committed to provide good quality person centred care.
- We received positive feedback about people's contact with the service. One person said, "I am very happy and would recommend it because of the absolute respect they show me and my family."
- Staff told us they felt supported and listened to and that they could approach the registered manager or a member of the management team at any time. A member of care staff said, "We can talk to [provider] anytime if we have any concerns."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Adverse events, incidents and accidents were recorded and where appropriate the provider told us they would send out letters of apology to people.

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

- The provider and registered manager operated an inclusive service. People were involved in social events. For example, organising a birthday party and a Christmas party at the service offices.
- People were encouraged to visit the service offices and get to know staff who worked in the office. We were told some people visited the office weekly to collect the rota of staff who would be visiting them.
- Regular surveys were sent to people requesting feedback on the care provided. Results from the survey were used to drive improvement.

Continuous learning and improving care

- The registered manager and provider told us that they kept up to date with changes in the care sector by liaison with outside agencies such as Norfolk Skills for Care and the Federation of Small Businesses. This had not always been effective in keeping knowledge up to date for example, the service was not aware of the AIS.

Working in partnership with others

- Care records we looked at demonstrated that the service worked in partnership with other healthcare professionals when providing care.
- The provider told us about a recent visit from Norfolk Council where they discussed increasing care provision by the service.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance process were not effective in identifying deficiencies in risk assessments and care plans.