

Nottingham Assured Home Care Ltd

# Nottingham Assured Home Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Nottingham Assured Home Care Ltd is a domiciliary home care service providing personal care to adults with personal care needs. At the time of our inspection Nottingham Assured Home Care Ltd were supporting six people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they felt safe and received support according to their wishes. Medicines were managed safely and, effective infection control measures were in place in order to keep people safe. The provider had safe recruitment processes in place and there were enough staff to safely support people. Risks were assessed and actions in place to reduce known risks.

People told us they felt confident raising concerns to the manager and action was taken when required. The provider had systems in place for monitoring the safety and quality of the service. Shortfalls were identified, and appropriate action taken to drive service improvement. Lessons were learnt from and action taken to reduce repeated incidents.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 15 June 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced focused inspection of this service on 06 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and their governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-

led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nottingham Assured Home Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Nottingham Assured Home Care Limited

## **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 conducted by one inspector.

#### Service and service type

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

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 the registered manager would be at the registered location to support the inspection.

Inspection activity started on 3 November 2021 with a visit to the registered location and ended on 17 November 2021.

#### 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. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with two members of staff including the registered manager and a senior care worker. We attempted to speak to three further care staff but were unsuccessful. We reviewed a range of records. This included three people's care records and accompanying medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure medicines and risks relating to the health safety and welfare of people were managed safely, they had also failed to ensure adequate infection control measures were in place which left people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Using medicines safely

- Medicines were managed safely.
- The provider had introduced new medicine administration records which directed staff in how to give medicine safely. Records detailed people's needs such as their allergies and how and when they should take their medicines.
- Staff received training in the safe administration of medicines and the registered manager completed competency checks on all staff to ensure these were in line with best practice guidance and the providers own policy.
- The provider carried out regular quality checks on medicines which ensured people received their prescribed medicines safely.

### Assessing risk, safety monitoring and management

- Risks were assessed, managed and monitored.
- Records we reviewed had been updated to ensure risk associated with peoples care and support needs were clearly documented. For example, one care plan documented the risks associated with a urinary catheter and what action staff should take if issues occurred.
- People told us, "I feel very safe with the carers, I couldn't manage at home without them, they have recently arranged for some equipment to keep me safe."
- Risk assessments relating to people's environment had been updated and ensured staff could care for people safely in their own homes.

### Preventing and controlling infection

- Measures to prevent the spread of infection including COVID-19 had been implemented and the registered manager understood their role in preventing and controlling infections.

- We were assured that the provider was following current national guidance for health and social care providers in order to protect people from transmission of COVID-19.
- Staff wore personal protective equipment [PPE] in order to keep people safe. People told us, "They always wear the masks and gloves when they come and see me, it makes me feel safe that they do."
- The provider had implemented a system to monitor and ensure all staff were accessing testing for COVID-19.

#### Staffing and recruitment

- Staff were recruited safely and there were enough staff deployed to safely meet people's needs.
- The provider had implemented changes to the ongoing monitoring of staff to ensure people remained suitable to work at the service, this included updating all staff Disclosure and Barring Service (DBS) checks and carrying out regular supervision sessions.
- People told us staff arrived on time for their care calls, "The staff arrive on time and if there is ever an issue, they give me a call to explain why."

#### Systems and processes to safeguard people from the risk of abuse;

- Safeguarding processes in place protected people from the risk of abuse.
- Safeguarding information was available to all people who used the service. People told us, "I have the information in my file which I have at home but to be honest I've never needed to phone them, I feel very safe with [the registered manager] and all the staff, I wouldn't trust anyone else."
- Staff received training in safeguarding, staff were aware of who to report safeguarding concerns to.

#### Learning lessons when things go wrong

- Incidents were recorded and investigated appropriately.
- The provider took action following our last inspection in order to learn from incidents, this included implementing a new electronic system which allows for incidents to be picked up immediately.



# 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 has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection the provider had failed to ensure that systems and processes were in place to improve the quality of care at the service. This was a breach of regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager was aware of their legal responsibilities and had implemented a new system in order to have sufficient oversight of the service.
- The registered manager was aware of their legal requirement to inform CQC of certain incidents, they discussed in detail what incidents they would be required to notify us of.
- The registered manager had implemented weekly auditing to highlight any shortfalls in care and action was taken when issues arose.
- Lessons were learnt following incidents. For example, previous issues with documentation had been rectified with the introduction of new log sheets. This enabled staff to communicate vital information in a clear and concise manner.
- People and staff, we spoke with were overwhelmingly positive about the registered manager. One person told us, "The manager is marvellous, any problems which are usually very minor are sorted without delay."

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

- People and staff felt confident and supported by the registered manager.
- The registered manager was passionate about providing high-quality person-centred care, changes to systems and documentation evidenced people's individual needs.
- People and their needs were at the heart of the service. For example, the registered manager and staff team arranged for one person to attend a celebration meal as they had been identified of becoming socially withdrawn.
- Care plans detailed how to achieve positive outcomes for people and directed staff in however to deliver care in line with people's needs and wishes.

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

- The registered manager understood their responsibility in regards to duty of candour and acted appropriately when things went wrong.
- The registered manager was open and honest and apologised to people when shortfalls in care had been found. For example, one person we spoke with informed us they had been unhappy about an area of their care, they fed this back to the registered manager who resolved the issue immediately.

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

- People using the service were encouraged to speak up about the care they receive. Monthly quality reviews took place in order to gain people's feedback and implement any changes needed.
- People were supported to make their own choices and were treated with respect. For example, people told us, "I've been with them for years and they do exactly what I ask of them, I couldn't ask for better carers."
- Staff were encouraged to share their views and suggest improvements frequently. The staff team had been actively involved in addressing issues and making the required improvements.

Working in partnership with others

- The registered manager and staff worked with health and social care professionals to ensure people received the care and support they needed. For example, following a change in need for one person the registered manager worked with a pharmacist in order to make the required changes.