

Namron Care Provider Ltd

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Inspection report

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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

About the service

Namron Care Provider Limited is a small domiciliary care agency and provides care and support to people living in their own homes. At the time of inspection, the service was supporting 33 people.

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

People continued to receive a good service. They were safe from harm. Staff were recruited safely and kept people safe from the risk of abuse. People's risks were safely managed. There was enough staff to support people's needs. People received their medicines as prescribed and staff followed good infection control practices.

Staff were well trained and well supported by the provider. They provided people with the right care based on a thorough assessment of their needs and preferences. 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.

Staff delivered kind and compassionate care and respected people's individual choices and preferences. Staff championed people's privacy and dignity and encouraged their independence in all aspects of life.

The service benefitted from a registered manager and a management team who maintained checks on how well the service was provided. Documents held in the office were secure to ensure confidentiality of people's information.

The service continued to meet the characteristics of good in all areas.

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

Rating at last inspection

The last rating for this service was Good (published 04 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 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 caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Namron Care Provider Ltd

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 one 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.

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 provider or registered manager would be in the office to support the inspection.

What we did before 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 five people who used the service and ten relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, senior care workers and care worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four 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 spoke with one professional who visits the service.

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 Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from harm. One person told us, "I feel safe with the carers they take good care of me."
- The provider had policies and procedures in place to keep people safe from the risk of harm and abuse.
- Staff received training in safeguarding vulnerable adults and were clear about when and how to report any concerns.
- The registered manager understood their responsibilities to refer any concerns to the local authority safeguarding team and CQC.
- People and their relatives told us they felt safe in the care of staff.

Assessing risk, safety monitoring and management

- Risk assessments gave staff clear guidance on how to manage risks to people. Staff supported people to take risks in a safe way to maximise their independence, choice and control.
- Staff monitored people's safety and reported any concerns. They amended risk assessments and practice as necessary.
- Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.

Staffing and recruitment

- The provider operated a safe recruitment system and made sure security checks were completed before staff worked with people.
- There was adequate staff. Staffing rotas were organised around people's needs.
- Rotas were well managed by the unit manager. Staff covered each other's absences.

Using medicines safely

- Medication was managed safely. Staff were trained in the safe management of medicines and had good knowledge of current guidance when supporting people to take their medicines.
- Medication records confirmed people's medicines were administered as prescribed where support was needed.

Preventing and controlling infection; Learning lessons when things go wrong

- Systems were in place to protect people from the spread of infection. Staff had completed infection control training and were provided with and used personal protective equipment (PPE) appropriately.
- Accident and incidents were monitored and analysed. This enabled trends to be identified and action taken if required. The provider encouraged staff to learn lessons from any events or incidents that resulted in poor outcomes for people, to make sure they did not reoccur.

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 Good. At this inspection this key question remained the same. 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 received effective, safe care. People had a comprehensive assessment of their needs carried out. Assessments were used to develop care plans and these provided guidance to staff on how to deliver support to people in an effective way.
- People and their relatives gave positive feedback about the effective support they received. They told us, the carers were very competent and knew what they were doing and how to care for people effectively and treated people as individuals. One relative told us, "I am very happy how the service has made sure all the carers have been trained to be able to meet [name of person] personal needs," and, "Even [name of registered manager] and management, have been trained, in case at any time that they might have to cover in an emergency."
- The provider supported people to review their care and support to ensure this was being delivered as planned.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff that had the experience and knowledge to effectively carry out their roles. Staff received induction and ongoing training to ensure they were trained for the role.
- Additional training was sourced when required to ensure staff were trained to meet people's needs. For example, epilepsy training to ensure staff could support people effectively.
- Staff received regular supervision and annual checks on their performance.

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

- People who needed assistance with eating, drinking and meal preparation received support in line with their individual needs, dietary requirements and preferences.
- Staff gave people choice and made sure people had access to enough food and drink throughout the day.

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

- Staff maintained good working relationships with healthcare professionals for the benefit of people they supported.
- Staff supported people to maintain healthy lifestyles of their choosing.
- Care plans contained information about each person's health needs and the support they required to

remain as independent as possible.

- Staff were confident in recognising changes to people's health and wellbeing and knew how and where to seek professional advice and to refer people to appropriate healthcare professionals.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's rights were effectively protected. Staff sought consent and people were supported to make their own decisions. Where they were unable to, decisions were made in people's best interests. Staff were trained and working in line with the MCA and care plans supported 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 received the care and support they needed from caring staff. People said, "The carers really do care and are really gentle," and "The carers provide very good personal care."
- Staff respected people's equality and diversity; they recognised what was important to people. People received kind and compassionate support that was free from discrimination.
- Staff demonstrated good understanding of people's diverse needs and people were respected and valued whatever their race, religion, disability or gender orientation

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

- Staff worked in a manner which empowered people to make choices and maintain control of their lives. People told us they led the way in how they wanted their care and support delivered. One person told us, "They always try to fit in with me, they are so helpful."
- People told us they expressed their likes or dislikes for personal support, nutrition and interaction and staff respected these. Support plans contained clear information on how care was to be delivered.
- People and their relatives were effectively consulted. They were involved in writing and reviewing their care plans. One relative said, "We have had a review and are very happy how the review went and we are happy with the service we receive."
- The provider actively sought feedback from people and their relatives about their care and acted on the feedback received.
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way which maintained their privacy and dignity; staff spoke about people in a respectful way and described how they supported people to maintain their privacy and dignity.
- Care plans recognised what people did for themselves and reinforced the importance of encouraging and supporting with this.
- People were encouraged to remain independent. Staff knew what people's levels of independence were and supported them to remain as independent as possible. People confirmed staff encouraged them to do things for themselves and supported their wishes.

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 Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans contained detailed and person-centred information to guide staff on how best to meet their needs.
- Staff showed a good understanding of what was important to people and adapted their approach to meet their individual needs, choices and preferences. Staff knew their likes, dislikes. One person said, "They were very accommodating when we wanted to change the time of the Sunday visit, to give us more time to catch up with friends after the Church Service."
- The registered manager said any identified diverse needs would be recorded in people's care plans and met in practice when required.

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.

- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support the person to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to

- People were supported to take part in activities they enjoyed, which helped people to lead fulfilling lives. Staff understood people's needs to prevent isolation and had explored avenues and technology to help improve their experiences, for example one person use an ipad to communicate their wishes with staff.
- People were supported to maintain their relationships with families and friends.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively in line with the providers policy and actions were taken to address concerns.
- People felt confident speaking with the provider and told us they knew how to complain if they needed to. One person told us, "I would always speak to the office if I had any complaints."

End of life care and support

- People's wishes and views about care and support when approaching the end of their life were recorded and identified so their wishes could be respected.

- Staff had received End of life training to ensure they could support people in a dignified and respectful way at the 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.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team worked collectively to demonstrate a positive culture and promote a high standard of person-centred care and support for people.
- The management team knew people, their needs and their relatives well. Staff told us, "The manager is very approachable. They care about people, it's the best company, if you need support they will come out to support you."
- Staff felt supported and spoke positively about the management team. They told us they could speak to the registered manager at any time and were positive about working for the provider.
- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Staff were clear about their roles. They received information on induction and throughout training about what was expected from them. New staff were introduced to people who used the service while shadowing other staff members.
- There were effective systems and processes in place to monitor and improve the service. Various quality checks were made on service delivery: which provided an insight into the service and if any improvements were needed. These included using telephone calls, spot checks, audits and surveys. One person told us, "We do have questionnaires sent to us for are feedback. I like that they are interested in our views." Another told us, "I am quite happy with what goes on, and I have spoken to [Name of registered manager] on the phone."
- The provider was aware of their registration requirements. They had informed appropriate agencies and organisations of events that happened at the service or to people while being supported by staff.
- The provider worked in partnership with other services to support people's care and quality of life. Some of these included general practitioners, district nurses, and social workers. None of them we contacted had any concerns about the service.

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

- People were engaged and involved in their care with full consideration of their diverse needs. Difference

was fully understood and respected. People told us they were involved in discussions about their care and experienced good communication with staff. Everyone understood each other's expectations for sharing information.

- There were satisfaction surveys for people to complete and these had been analysed to show levels of satisfaction and if shortfalls were identified, an action plan was set up to address them.
- There was effective and open communication between staff and management. The provider held internal management meetings to discuss operational matters and staff meetings to share their agreed vision and intentions for future care delivery. One member of staff told us, "I love it here, they listen to us and are always open to new ideas."
- People using the service spent time participating in community-based activities of their choice if they wished to do so.

Continuous learning and improving care

- The registered manager committed to continually developing the service. Regular audits helped monitor the quality and safety of the care provided. The registered manager told us this was an area of the service that they wished to continue to improve.
- The registered manager was open and responsive to feedback and encouraged staff to continue their learning.