

NAVIGO Extra Limited

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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

The inspection took place on 21 and 25 June 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and people with mental health needs.

Not everyone using Navigo Extra receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 16 people were receiving a regulated activity.

There was a registered manager at the service. A registered manager is a person who has registered with the CQC 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 protected from abuse and avoidable harm, by staff who knew how to keep people safe. Potential risks to people were identified on an individual basis and documented clearly with an action plan, so these could be minimised. Risks were also considered in people's home environment, to keep people and staff safe. The registered manager had oversight of accidents and incidents and recorded these on an electronic system, so patterns and trends could be analysed to reduce similar events reoccurring.

People were supported to receive their medicines safely. Although, the registered manager had identified recurring minor recording errors this was being addressed with staff. One person had a medicine 'as and when required' (PRN) but there was no guidance available to staff to support them to administer this as prescribed. This was addressed by the registered manager during the inspection.

Staff received effective levels of supervision and support and were recruited safely. Staff had completed an induction and a range of training to equip them with the skills and abilities to meet people's needs. People were supported to access healthcare and attend appointments. For those who required assistance with their nutritional needs, support was provided to maintain a diet of their choosing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to maintain their independence and treated people with dignity and respect.

People were supported by skilled staff that were knowledgeable about people's needs and supported them in line with their preferences. People's care plans were person centred and reviewed regularly with them to ensure they were involved. People were supported to access the community and leisure activities if chosen.

There was a complaints policy in place and those that had been received were responded to appropriately, to ensure outcomes were achieved for people.

There was a positive culture within the service and people told us they felt listened to. There were effective quality assurance systems in place to monitor the quality of the service provided, understand the experiences of people who used the service and identify any concerns.

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.

There were detailed risk assessments in place which ensured the care and environment was safe for both people who used the service and staff.

People received their medicines safely.

People were safeguarded from the risk of abuse and staff were aware of how to report concerns. Safe recruitment procedures were followed and there was enough staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were knowledgeable about people's needs. Staff were skilled and had received training to provide effective care and support.

People's health was monitored and they were supported to access healthcare as required. People were supported to meet their nutritional needs.

People had choice and control of their lives and staff supported them in the least restrictive way possible. Consent was obtained before providing care and support and the principles of the Mental Capacity Act 2005 were followed.

Is the service caring?

Good ●

The service was caring.

Staff were aware of the importance of maintaining people's independence and encouraged people to maintain their skills and abilities.

Staff treated people with dignity and respect. Staff were aware of people's likes and dislikes and supported people in line with their preference.

Is the service responsive?

Good 

The service was responsive.

People had care plans in place which were detailed, person-centred and reflected their care and support needs.

People had regular reviews of their care and support and were involved in the review process.

People felt able to raise any concerns. We saw the complaints received had been responded to appropriately.

Is the service well-led?

Good 

The service was well-led.

There was an open culture and people felt supported by the management team. People using the service and staff told us communication was good and they felt listened to.

Systems and process were effective in identifying shortfalls and had been successful in improving the quality and safety of the service.

People and staff were asked for their feedback and action was taken to drive improvement.

NAViGO Extra Limited

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 was a comprehensive inspection which took place on 21 and 25 June 2018 and was carried out by one inspector. This inspection was announced on both days. We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available during the inspection, so we could access relevant records at the service's office. Part of the second day was spent speaking with people on the telephone.

Before the inspection we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service. We also contacted the local authority safeguarding, commissioning teams and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

We looked at three people's care records and two medication administration records (MARs). We also looked at a selection of documentation in relation to the management and running of the service. This included stakeholder surveys, quality assurance audits, complaints, recruitment information for three members of staff, staff training records and policies and procedures.

We spoke with two people who used the service and one relative. Another person provided written feedback. We spoke with three members of staff, as well as the registered manager and a team leader.

Is the service safe?

Our findings

The service supported people safely; people told us they felt safe and had no concerns to report. One person said, "I do not have anything negative to report." We asked if people felt safe and another person replied, "Yes."

Staff were knowledgeable about people's needs and how to support them safely. Risks were assessed on an individual basis in conjunction with the person or their family, these risk assessments provided details of ways to minimise potential harm and how to respond to certain situations. Risk assessments considered people's mental health needs, physical health, potential substance misuse, self-neglect, and people's medicines.

Staff also considered the potential risks in people's home environment. They checked the safety for both the person who used the service and staff. For example, staff had considered advice from the fire service for one person who smoked in their property, to look at ways of minimising this risk. The registered manager also checked the MOT and car insurance certificates of staff who used their vehicles to transport people.

A safeguarding policy was in place. Staff had received both children and adult safeguarding training and were aware of when to report concerns and what signs to look out for to protect people from the risk of abuse.

Accidents and incidents were recorded on an electronic system and were reviewed and analysed appropriately. The registered manager had oversight of the system as well as the provider's performance team, to identify themes and trends. For example, we saw a medication error recorded, had been reviewed by a pharmacist. We were told that actions identified would be used to aid learning and avoid similar incidents reoccurring.

People were supported to receive their medicines safely where assistance was needed. Staff recorded what support people required in their care plans, and people were supported to maintain independence with managing their own medicines where possible. A medication policy was in place to guide staff to administer medication safely. Staff completed medication administration records (MARs); we saw some recurring minor recording errors, which the registered manager had identified and was addressing with staff. One person received a medicine 'as and when required' (PRN), but there was no protocol in place to provide guidance to staff. We told the registered manager who immediately addressed this and planned to identify where other people's medicines may require guidance.

There were sufficient numbers of staff available to meet the needs of people receiving a service. People told us staff arrived on time and stayed the duration of the call. One person said, "Staff usually come on time and the office staff provide cover if needed." A recruitment policy was in place which was followed to recruit staff safely. Staff had two written references and an enhanced disclosure and barring service (DBS) check in place. The DBS helps employers to make safer recruitment decisions and prevents unsuitable people from working in the care industry. Where people started working before the results of this check had been

received, a risk assessment was completed after two references had been received and steps were taken to minimise this risk. For example, people would not work alone and do training until this was received.

Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading. One person told us, "Staff have gloves and aprons." Another person said, "Yes, staff wear rubber gloves." A member of staff told us, "We have aprons, gloves and shoe protectors to wear." One of the team leaders took the lead on infection prevention and control. As part of this role they shared information with the team.

Is the service effective?

Our findings

People's needs were assessed before receiving a service and they were supported to achieve their desired outcomes. A member of staff said, "I think it is really important helping people to remain at home. It's something I believe in." The registered manager explained people's needs would be assessed before their care plan was developed to support staff to meet their needs. One person told us, "Staff just give you the support you need. They provide a service so you feel you get what you need." A relative said, "We rely on Navigo Extra to look after [name of person]; we have had no problems and we speak to them regularly."

Staff told us they felt supported in their role. A member of staff said, "I have just had supervision and we have regular team meetings once a month. We can ring the office and the out of hours number at any time." Staff had observations of their practice on an ad hoc basis as well as supervisions and a yearly appraisal to ensure they had the necessary skills and support to provide effective care. Monthly team meetings were also held where information was shared and opportunity for learning was available.

Staff received an induction when starting in their role which included shadowing other members of staff before providing support on their own. A member of staff said, "One person shadowed me recently as part of their induction." We checked the training records and found staff had received training to equip them with the required skills to provide effective support. Staff had undertaken a wide range of training which the provider considered essential and in topics they were interested in, this consisted of both face to face learning and computer based courses.

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, 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. For people in their own homes and in the community who needed help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw the principles of the MCA had been followed and staff had good awareness of its application. One member of staff said, "The MCA is about deciding if somebody has got the capacity to make informed choices. We should presume everyone has capacity." People told us staff sought their consent before providing care and support. One person replied, "Staff usually say to me 'what would you like me to do?'" We saw people had signed consent records in their care plans. One person had a lasting power of attorney (LPA) but this record was missing from their care plan, we asked the registered manager to follow this up and they located the record following the inspection. We found staff had secured this information for a person recently assessed.

Staff worked in partnership with other health professionals and supported people to maintain their health needs by accessing appropriate healthcare, dependent on their needs. For some people this involved being supported to attend health appointments. One person said, "I have just been to an appointment which staff organised for me and took me to. They tried to make a situation where I was as independent as possible." Another person told us, "When the occupational therapist came to measure me for a chair, staff were proactive in making sure it fulfilled my needs." We saw staff had liaised with a range of professionals including GP's, district nurses, dieticians, and speech and language therapists and sought their advice to provide effective care.

Staff were aware of how to support people with communication needs; we saw this was recorded in people's care plans. Staff supported people to communicate through a range of means. For example, they supported one person who had difficulty communicating verbally to use boards to write things down. People were provided with information about the services. The registered manager said, "We like to start a relationship from the first meeting, so people know they can come to us at any time. It is important to keep communication channels open. We give information at the first visit, for example, on how to make a complaint." Staff were aware of the accessible information standard and easy read versions were available.

People's nutritional needs were met. Dependent on their needs and preferences, people were supported with meal preparation and/ or shopping. People were offered choices and encouraged to maintain a healthy, balanced diet.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. When we asked people about this one person answered, "Beyond doubt. Staff are so caring it's unbelievable compared to my first care agency." Another person said, "Staff are fantastic; they are really good. They never make you feel helpless." A third person told us, "Staff are excellent from my point of view. They are always available." A relative said, "Staff are very helpful. [Name of person] is very well looked after and seems happy."

Staff were knowledgeable about people's likes and dislikes and supported people in line with their preferences. A member of staff told us, "We offer people choices, just because they may have mental health needs, doesn't mean they can't make choices. I give people time to express what they need." Staff were aware of how to adapt their approach, depending on the needs of the person. One member of staff described how they supported a person living with dementia with their personal care needs, they said "I always talk them through it and explain what I'm doing."

Staff supported and encouraged people to maintain their independence. In turn, this promoted people's wellbeing. People were encouraged to maintain their skills and abilities. One person said, "Staff won't let me lean on them if I can do it myself. They try to make it so I can be as independent as I possibly can be. Staff don't make me feel dependent on them." Staff facilitated people's ability to maintain their independence wherever possible. One member of staff said, "I try and encourage them to do as much as they can for themselves, even if it's just putting cream on or brushing their teeth." We saw people's skills and abilities were reflected in their care plans.

We asked people if staff respected their privacy and maintained their dignity. People replied, "Oh yes" and "Yes they do." Staff were able to describe situations and examples of how they would do this, including making sure people's doors and curtains were kept shut when providing personal care.

People told us staff stayed the duration of the call and they would be kept informed if staff were going to be late. One person said, "If staff thought they were going to be more than fifteen minutes late they will ring and let me know. They stay the full length of time and a bit more as well." People told us they had regular carers which helped to provide continuity of care. One person said, "I get the same regular carers as far as possible. A group of between three to five come, so I basically get the same carers all the time." One person noted, "Staff are lovely, but I would like to have more regular staff." However, they also said, "Compared to other companies I have used Navigo Extra has been a god send." The registered manager explained, "We can't have the same staff on every visit, but we try to keep it to small groups of staff. We try and match staff with who we think they will support best and listen to people's choices." This showed how people's preferences and choices were considered and met.

Staff were aware of equality and diversity and how to protect people from discrimination. Staff were aware of people's protected characteristics and respected people's individual needs and circumstances. People were signposted to advocacy services if required.

Is the service responsive?

Our findings

The service was responsive in meeting people's needs. People received person-centred care and their care and support plans were regularly reviewed.

People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes. This enabled staff to provide person-centred care, and support people in line with their preferences. A member of staff said, "Care plans are to the point and list what you need to know; it's all there and easy to understand." We spoke with staff and they were able to tell us details about people's needs, the support they required and the person's preferred routines. We saw this matched what had been recorded in people's care plans.

The registered manager told us reviews of people's care and support were completed every six months or when people's needs changed. People were involved in making changes to their care plans. One person said, "There is a review of my care to see if there are any changes. I just feel part of it."

Staff were responsive to people's complex and changing needs and regularly reviewed people's care plans. However, we found one person's care plan had not been updated to reflect some recent changes, when their health had deteriorated due to a progressive illness. We spoke to the registered manager who addressed this, and ensured the care records were updated to reflect the person's current needs. Staff providing support to this person were knowledgeable about their needs and were aware of recent changes and recommendations made by health professionals.

Staff responded to people's individual needs and provided choices. The registered manager told us about how one relative had recently been involved in recruiting new staff, to provide a large package of support to their family member; the relative had been involved in the interview process. This enabled a tailored approach to providing care to meet an individual's needs, in line with their preferences.

A complaints policy was in place, which staff followed when addressing any complaints or concerns. People told us they felt confident to raise any issues or concerns. People were provided with easy read leaflets about how to raise a complaint or compliment. When we asked people if they knew how to make a complaint. One person responded, "Yes, certainly." A relative told us, "If there were any problems I would take them up with Navigo Extra. I have no problems to feedback at all." Another person said, "I just ring the office. One-time I had an issue it was acted upon straight away." We reviewed the complaints received and found that these had been responded to appropriately.

People were supported to access social and leisure activities as they chose dependent on their needs. Support was available to people to access community facilities and services. One person told us, "Staff are proactive in suggesting activities for my social visits."

At the time of our inspection, nobody was receiving end of life care. However, staff could tell us how they would support people to have a pain free and dignified death.

Is the service well-led?

Our findings

We found the service was well-led. There was a positive culture and team morale. A member of staff told us, "Everyone gets on with everyone. It's absolutely brilliant." Another said, "The office staff are approachable. I feel if I had any personal issues they would be dealt with respectfully." One person described the services as, "A small friendly company which I hope will stay that way."

People told us the registered manager and team leaders were approachable. A relative said, "[Registered manager's name] and the team leaders are all helpful." People told us there was good communication. One member of staff said, "If I have any problems I know all I have to do is ring up. I think communication is really good." There was regular communication between staff and people who used the service through a variety of formats including phone calls and emails. Information was regularly shared with staff at team meetings.

The registered manager and team leaders shared responsibility for carrying out a series of audits to assess the quality of the service and identify issues. These included audits on medication administration records (MAR's) and care records. Recording errors had been addressed in supervisions and through discussion in team meetings. The registered manager had identified that there were recurring errors with recording and told us they were planning to address these more robustly from now on by assessing staff competence in this area.

Systems were in place to monitor the care people received. Care workers were observed in their usual work practice through 'spot checks'. These were to check that staff were working to the required standards and completed on an ad hoc basis; the registered manager had plans in place to increase the frequency of these checks. We saw the audits and checks supported the registered manager in identifying shortfalls and they took action to address them. This meant that the service continued to improve. However, the registered manager advised us some systems required development. They told us the service would be moving to an electronic system later in the year, which would streamline their auditing process and better highlight when things were due, such as supervision and reviews of care plans.

People told us they were asked for the views about the service and felt listened to. The registered manager continued to promote an open culture where people and staff were asked for their views of the service provided through satisfaction questionnaires. The registered manager told us they had plans to improve their quality assurance systems and wanted to gain more regular feedback from people and stakeholders. We saw the service responded to feedback from people who used the service and staff; there was an action plan to implement changes and to drive improvement. A staff engagement project had also taken place which looked at how staff valued different aspects of their work and how this could be developed.

The registered manager had established links with other organisations and professionals to ensure people received a good service. This included working in partnership with health and social care professionals.

Staff were provided with a handbook when they started work at the service which provided relevant information including the service's policies and procedures. Staff had a range of benefits available to them

such as the cycle to work scheme and access to discounts from services in the local area.

The registered manager was aware of their duty to inform the Care Quality Commission (CQC) of notifiable incidents. We reviewed the accident and incident records held for the service and found that they had notified the CQC as required.