Norfolk County Council

NCC First Support - Southern, Northern & Norwich

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

This inspection visit took place on the 2 November 2016 and was an announced inspection. This meant that we gave the service notice of our arrival so that we could ensure someone was available at the office. We undertook telephone calls with people that used the service on 7 and 8 November 2016.

The service is registered to provide personal care to people living in their own homes. At the time of the inspection there were 78 adults using the service. The service provides re-enablement to people with the aim of increasing their independence. It is provided for a period of up to six weeks.

There was a registered manager for this service, who was available every day. 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.

Systems were in place to reduce the risk of people experiencing harm or abuse. Staff had been trained in adult safeguarding procedures and could identify what to do if they considered someone was at risk of harm, or if they needed to report concerns. Risks to people's safety had been assessed and actions taken to minimise these occurring.

There were sufficient staff to keep people safe and meet their needs, and the registered manager had followed safe recruitment procedures to make sure the staff employed were safe to work within care. Staff were competent with medicines management and could explain the processes they followed.

Referrals were made to appropriate health care professionals where necessary to support people with their healthcare needs. People's consent was sought before support was provided. If people were unable to make their own choices about the support, the staff always acted in their best interests.

The service provided individualised care according to each person's needs and preferences. People and their relatives were involved in assessment and reviews of people's needs. Staff had knowledge of people's changing needs and supported them to be involved in making decisions about their care.

Staff were caring, knew people well, and supported people in a dignified and respectful way. Staff acknowledged people's privacy and had positive caring relationships with them.

Quality assurance systems were in place to ensure people received good quality care. These were reviewed regularly to make sure they remained effective at doing this.

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.

Staff knew how to recognise and report abuse and had received safeguarding training.

The service had sufficient staff to ensure people's needs were met and to keep them safe when providing care.

The service managed risk effectively and regularly reviewed people's level of risk.

Medicines were managed appropriately.

Is the service effective?

Good

The service was effective.

The service provided staff with training and they received supervision and observations from the registered manager to ensure they were competent to perform their role effectively.

People were supported to maintain good health, and were encouraged to eat a healthy diet.

People's consent was sought in line with the relevant legislation.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and upheld their dignity. They took time when delivering care and listened to people. Staff acknowledged people's privacy.

People were consulted about their care and were supported to improve their independence.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs.

People were supported to maintain hobbies and interests they enjoyed.

People knew how to express their concerns and feedback was encouraged.

Is the service well-led?

Good

The service is well led.

The registered manager sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing that the support provided was safe and of good quality.

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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 visit took place on 02 November 2016 and was an announced visit. We gave the provider notice before we conducted the inspection so we could make sure there was someone in the main office we could speak with. Telephone interviews were carried out on 7 and 8 November 2016 with people that used the service and their relatives. These interviews were completed by 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law.

We spoke with eight people that used the service and four relatives. We also spoke with the registered manager, a re-enablement practitioner and three care staff. We reviewed the care records of five people, staff training records and recruitment files as well as a range of records relating to the way the quality of the service had been audited.

Good

Is the service safe?

Our findings

People told us that they felt safe when the staff were supporting them in their home. One person said, "I have definitely felt safe having the [staff] here". Another person told us, "During all the time they were with me I never once felt unsafe" they continued and said, "I have never been even remotely treated unkindly by any of the staff".

Staff had knowledge of how to protect people from the risk of harm when using the service. Staff explained the processes that they followed and felt confident to raise concerns with their line manager. Staff gave us examples of when they had done so and told us that they felt their line managers acted upon the information appropriately.

The registered manager told us, and staff confirmed that they had received relevant training to keep people safe, and the records we saw reflected this. At the recruitment stage, prospective staff were required to undertake a test on protecting people from the risk of harm. This showed their understanding of the subject and the impact of not protecting people from harm. The registered manager told us that it was useful to understand the level of knowledge of new staff. This showed us that the management team and staff were committed to keeping people safe from the risk of harm and had the support to do so.

People told us that staff explained any risks to them and how to manage this. One person said, "We've talked about how I need to be careful getting in and out of the shower so I do not slip". Another person confirmed, "They [staff] have talked to me about the fact I must be more vigilant in seeing things, and do not knock into unseen obstacles".

People's care records contained risk assessments for a number of elements of their care and support. For example, risk assessments were in place for mobility, environmental risks, medicines and falls. Records also contained information around people's skin integrity and their continence needs. For example, where people were at a high risk of falling, the risk assessment provided staff with guidance on how they could minimise the risk of falls. The assessment also advised staff what they needed to do if they found a person had fallen when they arrived.

The registered manager told us that staff undertook the initial risk assessments and had received training. The staff we spoke with confirmed this. They carried out a risk assessment at the initial visit and covered the care that the person said they wanted to receive from the service. The management team then visited the person to carry out a more detailed risk assessment of the person's needs. This was recorded in the care records and staff confirmed to us that they were aware of any changes and where to find the information. This meant that staff had access to relevant information and who to call for support should they need it.

People told us that there were enough staff to provide them with support when they needed it. They knew when staff were due to visit and which staff member would be providing them with support. One person said, "Whoever comes in the morning [staff] will tell me who is coming next". Another person confirmed that staff were always on time and said, "Whoever is with me at that time will tell me who is coming next". People

also told us their calls were on time and that staff stayed for the length of time that had been agreed as a minimum. One person said, "I have never had anybody try to leave early". Another person confirmed and told us, "They do sign in the book every time they come to me and to be honest I've never had an issue with any one of them trying to go before they end of the 30 minutes".

Staff told us that staffing levels were sufficient in order to meet the needs of people that used the service. The staff team were responsible for managing the rota's to meet the visits that were required. The registered manager told us that each day they checked the rota's in place and asked the management team to look at any gaps or issues. The registered manger said that there was a 24 hour 'hub' that supported staff. This 'hub' sent the referrals to the teams and also acted as a support to staff working outside of core working hours.

The registered manager followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced. This meant only staff that were deemed suitable by the organisation were employed to work with people at the service.

The large majority of people that used the service were only prompted by staff to take their medicines. On rare occasions, some people did receive more defined support. When this happened, there were processes in place to guide staff how to give people their medicines safely. Staff confirmed that they received medicines training. Staff told us that after their training they received spot checks or competency checks to ensure they acted accordingly. We saw that these checks had been recorded and the management team confirmed that they carried them out.

Where people had received support to take their medicines in the past, their care record gave details of the level of support they had required. People had in place a medicines administration record (MAR) and these demonstrated that people had received their medicines when they needed them. The MAR showed people's personal preferences on how they liked to take their medicines and any allergies the person may have to help staff give people their medicines safely. Some people had medicines that they took that were as required, known as PRN medicines. These were recorded appropriately on people's MAR. This showed us that staff had access to appropriate training and knowledge so that when they were supporting a person with medicines it was in line with the agencies policies and procedures.

Good

Is the service effective?

Our findings

People told us that staff were trained so that they could support them with their care needs. One person told us, "[Staff] understand my needs". One relative told us that staff had supported them to learn how to support their relative and provide them with the care they needed in a safe way. We also noted that in recent feedback, gathered by the service, one person had responded positively stating, 'I could not have been looked after better'.

The registered manager showed us their records for staff training and the timetable for when this was due for renewal. Staff confirmed they received the relevant training they needed for their roles and told us that it was useful. Staff said that they could ask for additional training if they felt it would support their role further. For example, staff told us that they were now supporting more people who had mental health conditions or Asperger's. Staff told us that they had felt they needed more training in this area so they could best support these people. They confirmed that the registered manager had listened to this request and training and development had been put in place for all staff. This showed us that the registered manager was committed to ensuring staff had the right skills and knowledge to support all people who used the service.

We saw that new staff undertook the care certificate (this is a recognised qualification for staff working in health and social care). Existing staff were also supported to undertake a formal qualification within this area. Staff told us about the induction that they received, which included initial training and shadowing more experienced members of staff. Staff and team leaders confirmed that a staff member was not able to work alone until this process had been assessed and signed as competent in their role by a senior staff member. Staff felt this process was helpful, and also confirmed that staff could ask for further shadow experiences if they felt they still needed it.

The management team told us that they measured staff competency in a number of ways. This included observations; spot checks and formal one to one meetings with care staff. We saw that records of the outcomes were kept in staff files. Staff confirmed to us that these were useful and helped them to carry out their role effectively. They added that they did not need to wait until these formal occasions to seek support from their line manager. They could do this at any time, meaning that staff had support at all times to carry out their role.

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. We checked whether the service was working within the principles of the MCA, and we found the service to be consistent with legislation.

People told us that their consent had been sought before they started using the service and that staff regularly asked for this whilst providing them with support. They also said they had been asked to agree their care and sign their care record to confirm this. One person said, "Yes, I have signed the care plan" and another person said, "I signed it when [staff] had written it up".

The registered manager and staff could explain to us what the MCA meant for people and they confirmed they had received training. Staff told us that they sought consent from people using the service and how they recorded this. They said that if they were unsure of someone's capacity to make a decision or if they noticed changes, they would inform their line manager. The registered manager told us that they worked closely with the local authority social work team and would refer any people to them if they needed support in this area.

At the time of our visit, everyone who used the service had the capacity to make decisions about their care and support. We saw in care records that staff made a note of whether the person understood the service offered and what that meant for them. We noted that care records had been signed by the person receiving the service. This confirmed to us that consent was always sought from people using the service in line with best practice.

People told us they chose what meals they wanted to eat and staff would help to get meals ready if they required support with this. One person said, "My [staff member] will always ask me what I would like to eat". Another person said that they could have different food and staff were always willing to get it ready. They told us, "My [staff member] has been making breakfast, some days I only fancy a piece of toast, other days they will make me porridge or an egg, they never mind what it is I would like". People also told us that staff would ensure they always had access to drinks. One person said, "I am not a great one for drinking, but [staff] always make sure that they offer me a drink the minute they come through the door, and usually leave me with some water and a glass".

Care records showed us that staff offered choice at meals and also encouraged a healthy diet. Staff told us that one person liked a specific filling in sandwiches and would eat them at every meal. The person's care record stated that the person has asked for support to try new foods and the daily records indicated that the staff were supporting this person to have a more balanced diet.

At the time of our visit there was no one at risk of not receiving enough to eat and drink. Staff confirmed that they did check daily records to see what food and drink had been consumed. If people had forgotten whether they had eaten, staff would check for signs that food had been consumed around the house. One staff member told us that they noticed someone was losing weight. They spoke with the person who told the staff member they had no appetite at mealtimes. The staff member worked with this person to look at smaller meals that had a higher calorie intake. They also referred the person, with their consent, to their GP for on-going checks. The person began to gain weight with the support staff had given.

People told us that they felt confident staff would contact a health professional or GP if they asked. One person said, "I usually ask my daughter to organise all of my visits, although I am sure if they were not able to, the staff would".

Staff told us that they felt confident to call for assistance from other healthcare professionals when they needed it. There was detailed information in people's care records of appointments with professionals, and the outcomes. Staff confirmed that they would support people to attend any healthcare appointments if needed.

Good

Is the service caring?

Our findings

People told us that staff were caring and encouraging. One person told us, "I have been receiving excellent care. I really cannot fault them at all. They are so professional and understanding and are very patient with me". Another person said, "They [staff] have been incredibly supportive of me". A relative told us, "I have to say my [relative's staff member] has been so good. I cannot thank them enough".

The registered manager told us that the service was a re-enablement service and was in place to encourage independence. It was a short term service of up to six weeks. At the end of this time the person was either able to manage independently or went on to receive support from another agency for longer term care. Staff demonstrated they were empathetic and listened to people when delivering any care. This meant that they got to know people and understand what tasks they did not feel quite so confident with and supported independence in those areas. They said that by getting to know a person they felt more able to deliver care that was effective to that person.

We saw recent feedback from someone who had used the service, which stated, 'Without all the support given to me, I would not have been able to come home'. People told us that staff were excellent at promoting independence. One person told us, "[Staff] talk to me every time about how I am managing. We will then usually pick one activity, such as making a cup of tea and they will watch me and see how much I can do for myself and they will only step in when I tell them I am struggling".

Staff told us that it was, "Extremely rewarding seeing people gain independence again". Staff gave examples of how they maximised a person's independence and confidence whilst using the service. For example, one staff member told us that a person was unable to make a hot drink for themselves as they could not carry the kettle to fill it. Staff supported by obtaining a 'perching stool' for this person and a smaller kettle. This meant the person had easy access to everything they needed to get their own drinks and food without continued assistance from staff.

We asked people if they had been involved with planning their own care and support. One person responded with, "I certainly was, [staff member] came to visit me and spent quite some time talking about everything I needed help with, which was then written up into a care plan". Another person confirmed, "The care plan was put together after I had had a long chat with [staff member] who came to see me a couple of days after I got out of hospital".

The registered manager told us that the initial referral was received by the team from a 'hub' within the local authority. Staff confirmed this and told us that following this referral they would make an appointment to meet the person. At this appointment they would discuss with the person what support they wanted and what outcomes they wanted to achieve. We saw in the care records we viewed that this took place, and that the person was involved. Care records showed that if a person wanted a family member of friend to be present staff had made the appointment for when they would be available.

Staff worked with people to plan their care, and this was adapted over a period of up to six weeks. As a

person became more independent and wanted to adjust their care record this was done between them and staff. A more in depth review meeting was undertaken shortly after the service began by the re-enablement practitioners who reviewed this with the person. The registered manager and staff were committed to involving people in their care planning and saw this as an important step towards re-enablement.

Nobody we spoke with expressed any concerns regarding their privacy and dignity. People told us that staff were supportive and respected them in all aspects of their care.

Staff were able to tell us about the provider's principals of good care and what that meant for people who used the service. Staff confirmed how they maintained people's privacy and would shut person's door and curtains before delivering care. One staff member told us that they treated the people using the service how they would like to be treated themselves. We saw in daily records that details of tasks were recorded by staff and signed by the people using the service. We found these records to be written in a polite and courteous manner that demonstrated a respect for people's privacy and dignity.

Good

Is the service responsive?

Our findings

People told us that they were able to make choices about their care and support. One person told us, "I was asked about what time I would like the visit to happen and also whether I preferred male or female [staff]". Another person confirmed, "I was asked if I preferred to see female [staff] and whether in an emergency I would be happy to have a male [staff member]". One person explained, I was offered a time in the evening that was a little too early for me so they were able to move the time back so that I would not be in bed for too long".

People's individual needs and preferences had been assessed and the staff tailored the support provided to meet these. Staff told us that it was important that people had choice and control over their care and support, as this maximised their independence. They said that they would ask people what they would like to do themselves at each visit. People's preferred routines were explored so that they could continue as they had always done. The service was also flexible to meet people's choice. For example, if a person chose to have more care on one day than another, staff would respect this and deliver the care accordingly. People's care records showed that this happened whenever people requested a change.

People told us that they had their care needs reviewed on a regular basis. As the service people received was only for a short term, this happened earlier on in their care.

The registered manager confirmed that there were paper records available in the person's home and an electronic version for the office. Staff told us that they found the care records useful not only to deliver a service but to get to know people. The care records showed individual outcomes of what people wanted to achieve, and how they wanted to achieve them. For example, one care record showed that a person wanted to, 'Aim to do things for myself again'. It was then explored as to how the person could gain the independence they wanted. Staff confirmed that they maintained these records with people to ensure they remained individualised to them. This showed us that the registered manager and staff were committed to delivering individual care that was relevant to the person.

Staff encouraged hobbies and interests where they were able. They told us that they would also signpost people to other agencies that could support them to maintain hobbies and interests outside of their visits. They told us that they could refer to befriending agencies and to day centres. Staff felt it was important for people to maintain links with the community and to continue with their hobbies.

People and relatives told us that they knew how to raise complaints and concerns and said they felt these would be actioned. One person had raised a minor issue and told us, "The only minor issue was the fact they were coming to help me get ready at 6.30pm for bed, it was just too early for me. I mentioned it to one of [staff] and the next day the office rang to confirm they would come at 8pm instead. They made no fuss of my request at all". Another person said, "I haven't had to raise any problems with either the office or the manager at all".

Care records contained a feedback form for people to complete about the support they had received, and

we saw that a number of these had been completed. There was also a complaints process in place that was dealt with centrally by the provider. The service had not received any complaints in the last year. We noted that past complaints had been dealt with in line with the provider's policy. Staff told us that they felt confident to raise any concerns people told them, and that they would be acted upon.

Good

Is the service well-led?

Our findings

People told us staff and the management team were very approachable and available when they needed them. One person told us, "Having met [member of management team] I would not hesitate to call them". A relative told us that a member of the management team had been very supportive and they could contact them anytime. They said, "I could contact them and they gave me the direct phone number". All the people we spoke with had high praise for the staff and the service and said they would recommend it to people.

Staff told us that they felt supported by their immediate line management and the registered manager. One staff member told us, "[Registered manager] is extremely supportive and brilliant". The organisation had a number of long standing staff members and everyone we spoke with said morale was good. Staff also told us that they supported one another and that they enjoyed working for the organisation. One staff member told us, "[Job] so enjoyable" and another person said, "It is the best job I have ever had in care work".

We saw that appraisals were in place to look at staff members overall performance and set goals for the following period. Staff's practice was monitored and this encouraged them to learn from the management team and apply best practice. Staff told us that they had regular staff meetings and that they could say if they thought changes were needed. Staff told us that they found team meetings, appraisals, observations and formal one to one meetings very useful. They concluded that this supported them well in their caring roles.

Staff confirmed that they were able to contact the management team at any time and discuss anything. They also confirmed that they knew how to raise concerns outside the organisation, but no one had ever had cause to do this. This showed us that the management team were committed to having an open organisation and they listened and supported their staff.

One of the aims and values of the service stated 'Our priority is to help you remain independent in your own home'. Staff understood these values and upheld them at every opportunity. Staff took pride in their roles and gave examples of how they worked with people to meet their goals.

The registered manager told us that there were monthly meetings with the managers of the other services. This supported the registered manager to learn best practice and provide a consistent service in line with the other NCC First Support teams.

The registered manager conducted regular audits. We saw that these were effective at identifying any improvements that needed to be made. Any required actions to improve the quality of care people received had been taken. Audits had been completed in a number of areas that included medicine checks and staff spot checks. The staff rota was checked every day to ensure that the service was adequately staffed. The registered manager demonstrated they were committed to overseeing the service and its outcomes.

The registered manager was also keen to drive improvement in relation to the quality of care people received. For example, they had recently reviewed the audits they conducted to make sure they were robust

at identifying any issues of concern. For example, this has been completed in relation to people's care records to make sure they contained accurate information and guidance for staff to follow when providing care. This reduced the risk of people receiving inappropriate and unsafe care. They also sought feedback from people who used the service to help them improve the care provided. People told us that the service asked them for their feedback. One person said, "I have just filled in a questionnaire for the agency this morning, they have asked me all sorts of questions about how I found the service as a whole". Another person confirmed and said, "I was told once the six weeks of care has stopped, I will be given a questionnaire to fill-in about everything that I have had help with". We saw where the registered manager had analysed this information, actions were in place to make any necessary improvements.