Norwyn Community Services Limited

Norwyn Community Services

Inspection report

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Tel: 07943666941

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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 was carried out on 20 April 2018, and was an announced inspection. The provider who is also the registered manager was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

Norwyn Community Services is a domiciliary care agency registered to provide personal care for people who require support in their own home. CQC only inspects the service being received by people provided with 'personal care' and help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. This was the first comprehensive inspection since the agency was registered on 8 May 2017. At the time of our inspection, they were supporting three people who received support with personal care tasks.

The provider was also the registered manager at the service. 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.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider understood their responsibilities under the Deprivation of Liberty Safeguards. People's capacity to consent to care and support had been assessed and recorded within their care plans.

The provider had suitable processes in place to safeguard people from different forms of abuse. They knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

The provider or the care coordinator involved people in planning their care by assessing their needs on their first visit to the person, and then by asking people if they were happy with the care they received. There was a strong emphasis on person centred care. People were supported to plan their support and they received a service that was based on their personal needs and wishes. The service was flexible and responded positively to changes in people's needs. Some people were supported by their family members to discuss their care needs, if this was their choice to do so. People were able to express their opinions and views and they were encouraged and supported to have their voices heard.

People were supported with meal planning, preparation, eating and drinking. Staff supported people, by contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

The provider had followed effective recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

The provider deployed sufficient numbers of staff to meet people's needs and provide a flexible service.

Staff had received training as is necessary to enable them to carry out the duties they are employed to perform. All staff received induction training at the start of their employment. Refresher training was provided at regular intervals.

Staff followed an up to date medicines policy issued by the provider and they were checked against this and assessed by the provider. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues.

The service had processes in place to monitor the delivery of the service. As well as talking to the provider and/or care coordinator at spot checks, people could phone the office at any time, or speak to the person on duty for out of hours calls. People's views were obtained through meetings with the person and meetings with families of people who used the service. The provider checked how well people felt the service was meeting their needs.

People felt that the service was well led. The provider and care coordinator demonstrated strong values and a desire to learn about and implement best practice throughout the range of services provided. Staff were motivated and proud of the service. The service had developed effective links with organisations that helped them develop best practice in the service. The provider used effective systems to continually monitor the quality of the service.

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.

People experienced a service that made them feel safe. Staff knew what they should do to identify and raise safeguarding concerns.

Staffing levels were flexible and determined by people's needs. Robust recruitment procedures ensured people were only supported by staff that had been deemed suitable and safe to work with them.

General and individual health and risks were assessed. Systems were in place so that medicines were administered safely.

Is the service effective?

Good

The service was effective.

People's needs were assessed.

People were cared for by staff who knew their needs well.

Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance. Staff received on-going training and regular supervision.

The Mental Capacity Act 2005 was understood by the provider and staff received training about this.

Is the service caring?

Good

The service was caring.

People had good relationships with staff so that they were comfortable and felt well treated.

People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views

were taken into account.

People were treated with dignity and respect. Staff understood how to maintain people's privacy.

Is the service responsive?

Good

The service was responsive.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service was flexible and responded quickly to people's changing needs or wishes.

Information about people was updated with their involvement so that staff were aware of people's current needs.

People's views and opinions were sought and listened to.

Is the service well-led?

Good

The service was well-led.

The provider operated systems and policies that were focused on the quality of service delivery.

There were structures in place to monitor and review the risks that may present themselves as the service was delivered.

There was an open and positive culture which focused on people. The provider and registered manager sought people and staff's feedback.

The provider maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the service was functioning; and to act on the results to bring about improved services.

Norwyn Community Services

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.

The inspection took place on 20 April 2018 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by one inspector who visited the agency's office.

Before the inspection, we looked at information we held about the agency, such as, notifications. Notifications are changes, events or incidents which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with the provider who was also the registered manger, the care co-ordinator, and three members of staff who provided care to people living in the community. We telephoned and spoke with one person and two relatives of people that used the service.

We looked at records held by the provider. This included three care plans, daily notes; a range of the providers policies including safeguarding, medicines and the complaints policy; the recruitment and training records of three staff employed at the service; the staff training programme and policies and procedures.

This was the first inspection of Norwyn Community Services, since it was registered in May 2017.

Good

Is the service safe?

Our findings

People described a service that was safe and said they felt safe receiving care from the staff. They told us that they felt safe with the staff that visited them in their own home and had no cause for concern regarding their safety or the manner in which they were treated by staff. One person said, "I am really pleased with them (staff)".

The service had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that can provide advice and support. Staff had received training in safeguarding and the provider checked their understanding of the policy at meetings and one to one discussions. Staff we spoke with understood what action they needed to take to keep people safe. Staff told us they were confident to report abuse to management or outside agencies, if this was needed. Staff also knew how to blow the whistle on poor practice to agencies outside the organisation. This meant that staff knew how to protect people from the risks of harm and abuse.

The risks involved in delivering people's care had been assessed to keep people safe. Before any support package was commenced, the care co-ordinator carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were very thorough, and included risks inside and outside the person's home. For example, checks for gas, electric, and checks on the outside of the premises. Risk assessments for inside the property highlighted, if there were any obstacles in corridors and if there were pets in the property.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people.

Staff knew how to inform the office of any accidents or incidents. They said they would contact the office and complete an incident form after dealing with the situation. As the service is currently small the provider said that there had been no accidents or incidents to date. They said they would view any accident or incident report, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

People were supported to manage their medicines safely and at the time they needed them. Checks were carried out to ensure that medicines were stored appropriately, and support staff signed medicines administration records for any item when they assisted people. Staff had been trained to administer medicines to people safely. Staff were informed about action to take if people refused to take their medicines, or if there were any errors. Records showed that people received the medicines they needed at the correct time. One staff member told us, "I complete the medication administration record (MAR), when I have supported the person to take their medicine in the morning".

Staffing levels were provided in line with the support hours agreed with the local authority and determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and staffing numbers were planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased as required.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and a copy of the staff handbook. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

Staff had received infection control training. The provider had a supply of personal protection equipment and they knew how important it is to protect people from cross infection. Staff were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves and aprons. There was a stock of personal protective equipment (PPE) kept in the office which staff could access regularly to stock up.

The provider planned in advance to ensure people's care could be delivered. The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The provider had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time should they arise.

Good

Is the service effective?

Our findings

People told us staff were well-trained and attentive to their needs. Feedback from people was very positive. People said, "Staff have never missed a visit", and "I had care from another agency, but I prefer this one. The staff are very good". People benefited from consistent staff who got to know their needs well. People told us they had regular carers, whom they knew well and people said they got on well with the carers that visited them. We were told that people can always contact the office and discuss the support that was needed with one of the office staff. People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice and ensured people's human and legal rights were respected. The staff had a clear understanding of people's rights in relation to staff entering their own homes.

People's capacity to consent to care and support had been assessed and recorded within their care plans. Where people lacked capacity to make specific decisions, the provider had a good understanding of what procedures to follow. People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions they were given the information they needed in an accessible format, and where appropriate, advocates or their family and friends were involved.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The provider or the care coordinator introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

People's care was planned and delivered to maintain their health and well-being. People were supported to maintain a balanced diet. Care records evidenced the care and support needs that people had in relation to maintaining their health through eating and drinking. Care plans encouraged staff to offer plenty of drinks and staff said that they always left drinks in reach of people before leaving. Care plan records showed that people were referred to their GP if there were concerns about their food and fluid intake or if they had lost weight.

People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to the registered manager or team leaders, who then contacted their GP, community nurse, or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that staff worked closely with health professionals such as district nurses in regards to people's health needs.

All new staff completed an induction when they started in their role. Learning and development included face to face training courses, eLearning, and on the job coaching. The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid, infection control and applying the Mental Capacity Act 2005. We saw training certificates in staff files which confirmed this. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities. This meant that staff understood how to maintain peoples' health and well-being and that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they were supported through individual supervision and appraisal. Records seen supported this. Spot checks of staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care support. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the staff had regular checks, as this gave them confidence that staff were doing things properly. Spot checks were recorded and discussed, so that staff could learn from any mistakes, and receive encouragement and feedback about their work.

Good

Is the service caring?

Our findings

People said that staff were kind and caring. One person told us, "The staff are always polite and caring", and another person said, "I am treated with dignity and respect by the staff". Staff had developed positive relationships with people. The staff were organised to ensure that people received support from a small number of staff that knew them well. Staff and their mix of skills were used to give them the time to develop positive and meaningful relationships with people. One person said, "I really like X (name of staff), I get on well with them". This showed that the provider took care to deploy staff that would meet people's individual needs.

People valued their relationships with the staff team. They spoke highly of individual staff members. Staff listened to people and respected their wishes. One relative told us, "The staff treat both Mum and me with respect". Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. One member of staff said, "I am guided by what the person tells me they want". This showed that staff provided caring and considerate support and respected people's privacy and dignity.

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, morning routines were clearly written in the care plan records, and included the order in which the person liked their morning routine to be carried out. Regular reviews were carried out by the provider or care coordinator, and any changes were recorded as appropriate. This was to make sure that the staff were fully informed to enable them to meet the needs of the person. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Management had reliable procedures in place to keep people informed of any changes. The provider told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The provider told us that people were informed if their regular member of staff was off sick, and which staff would replace them. People said that when they first started to use the service, they were given a time when their member of staff would arrive at their home. People confirmed to us that if staff were running late, they were informed.

The provider and staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the office to ensure that they were only accessible to those authorised to view them.

Good

Is the service responsive?

Our findings

People described their staff as being 'supportive' and 'caring'. One person said, "I have no complaints and would recommend the service to other people". Relatives said they knew that they could always contact the office and speak to the person in charge.

People received personalise care and support. They and the people that matter to them had been involved in identifying their needs, choices and preferences and how these should be met. People's care and support was set out in a written plan that described what staff need to do to make sure personalised care was provided. People's plans were reviewed on a regular basis or sooner if their needs changed and they were provided with support that met their needs and preferences.

Staff said they were informed about the people they supported as the person centred care plans contained all the information they needed to provide individualised care to the person. The plans also included details of people's religious and cultural needs. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for staff assisting new people, or for staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The service was flexible and responsive to people's individual needs and preferences. Relatives told us that the service was flexible and had provided additional support to respond to urgent changes in need. Staff worked enthusiastically to support people to lead the life of their choosing and as a result their quality of life was enriched and optimised to the full.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within the 'service user's handbook'. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). Records showed that the one complaint received to date had been taken seriously, investigated, and responded to quickly and professionally. Relatives told us that they felt confident they would be listened to if the made a complaint.

The provider confirmed that there had to date been no missed calls, and all people had received the relevant number of visits that had been agreed.

Norwyn Community Services provided care and support to people to enable them to maintain their independence and live in their own homes. At this time, the service did not provide care and support to people who were at the end stages of life.

Good

Is the service well-led?

Our findings

People and their relatives were consistently positive about the service they received. People spoke highly of the provider and care co-ordinator. The people and relatives we spoke with all said they would have no hesitation in recommending the service to other people. One person said, "Yes, would recommend them, very caring". Staff said, "Lovely company to work for", "The management is amazing, so understanding", and "Well supported by the provider and care coordinator".

The provider and care coordinator had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. Staff said they felt they could speak with the provider, and care coordinator if they had any concerns. Staff said they liked working for the service. Our discussions with people, their relatives, the provider, the care coordinator, and staff showed us that there was an open and positive culture that focused on people. Staff told us they were free to make suggestions to drive improvement and that the provider and care cocoordinator were supportive of them. Staff told us that the provider and care coordinator had an 'open door' policy which meant that staff could speak to them if they wished to do so. Staff told us there was good teamwork amongst staff.

The provider and care coordinator had clear vision and values that were person centred. These values were owned by people and staff and underpinned practice. Staff consistently provided person centred care and support. The provider provided clear leadership and used systems effectively to monitor the culture of the service. This included a regular presence of the provider and care coordinator working in the services alongside staff to role model. Observation of practice was used at regular intervals as the management team ensured the staff values and behaviours were maintained through these regular spot checks. Staff spoke highly of their management support and said that they were accessible and approachable.

People were invited to share their views about the service through meetings, and phone calls from the provider and care co-ordinator. Comments seen included, 'They are doing very well', and 'X (person that used the service) is fine with all you do'.

There were systems in place which meant that the service was able to assess and monitor the quality of service provision and any concerns were addressed promptly. The ethos of providing good care was reflected in the record keeping. Clear and accurate records were maintained and comprehensive details about each person's care and their individual needs. Care plans were reviewed and audited by the provider and care coordinator on a regular basis. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

Policies and procedures were in place to make sure they reflected current research and guidance. Policies and procedures were available for staff. The provider's system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The provider and care coordinator ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

Staff knew they were accountable to the provider and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. We used this information to monitor the service and to check how any events had been handled. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The provider confirmed that no incidents had met the threshold for Duty of Candour. This demonstrated the provider understood their legal obligations.