

NR Care Ltd

NR Care Head Office

Inspection report

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NR13 6PT

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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

NR Care Head Office is a domiciliary care service. They provide personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service was providing a regulated activity to 20 people.

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

People felt safe when staff supported them. Staff knew how to report concerns and keep people safe from harm.

Although staff supported people safely with their medicines, records were not always thorough. There was not always full guidance in place on how and when topical creams should be administered. Allergies were not always written on the Medicines Administration Records (MARs), which meant that unfamiliar staff may not always have this information immediately available when administering medicines. However, these risks were mitigated due to the person having a regular member of staff who knew them well, administering medicines.

Risks to people were planned for and there was guidance in place for staff to manage these.

Staff were recruited safely and there were enough staff to cover people's care visits.

Staff received training in areas relevant to their role, and where needed, related to specific people's needs.

Staff used Personal Protective Equipment (PPE) as required by current guidelines and followed good infection control practices to reduce the risk of the spread of infection, including COVID-19.

People's needs had been assessed thoroughly before the service agreed to deliver care so they could ensure they could meet these needs. Care plans were person-centred, with guidance for staff on how to meet their needs, including physical and mental health, family lives and interests.

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 asked for consent before delivering care, and understood people's needs around making decisions, but further work was required around care planning records relating to people's mental capacity. We have made a recommendation in this area.

People were, in the main, supported by a consistent group of staff who knew them well. Staff supported people in a caring way and involved them in decisions relating to their care.

Staff were supported by the service, and felt involved. Quality assurance systems were in place which identified areas for improvement, which were then acted upon. The provider recognised areas where further work was still required and had made plans for ongoing improvements.

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

Rating at last inspection and update:

The last rating for this service was Requires Improvement (published January 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

NR Care Head Office

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 an inspector, an assistant 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 homes.

There was a registered manager in post. 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.

Notice of inspection

This inspection was announced.

We gave the service three working days' notice of the inspection visit. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection visit. Inspection activity started on 21 April 2021 and ended on 23 April 2021. We visited the office location on 23 April 2021.

What we did before the inspection

The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We 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 all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives on the telephone about their experience of the care provided. We spoke with seven members of staff including five care workers, the registered manager and the supporting manager.

We reviewed a range of records. This included four people's care records and associated medication records (MARs). 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, quality assurance and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the action plans completed after the last inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people, and medicines were not managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people's safety had been assessed and managed well.
- People we spoke with felt safe receiving care from staff. A relative told us, "Yes I feel [family member] is safe."
- There were comprehensive risk assessments in place with guidance for staff on how to manage risks. For example, risks relating to people's health conditions, choking, pressure ulcers or falls.
- The service had considered environmental risks and fire risks within people's homes and developed risk assessments and PEEPS (personal evacuation plans) around these.

Using medicines safely

- Management of medicines had improved since the last inspection and people received medicines as prescribed. However, we identified some areas where risks were not fully covered in records and discussed these with the registered manager.
- There was not always full guidance in place on how and when topical creams should be administered. However, staff worked with people consistently and knew their needs well, which mitigated the risk associated with the lack of recorded guidance. People told us they received their medicines correctly and medication records confirmed people received their oral medicines correctly..
- Allergies were not always consistently written on the MAR which the provider had requested from the pharmacy several times. Where an allergy was not written on the MAR for one person, the person had a consistent regular staff member who administered their medicines and knew them well, which mitigated the risk. This had been identified within audits and the registered manager had requested the pharmacy add this on to the MAR. However, we discussed the importance of this information being on the MAR, even if handwritten by staff temporarily.
- PRN (as required) medicines had protocols in place which provided staff guidance on how these should be administered.
- Staff recorded administration of medicines on the associated MAR charts.

Systems and processes to safeguard people from the risk of abuse

- Systems in place, such as reporting and staff training contributed to keeping people safe from harm.
- Staff knew how to report any concerns relating to safeguarding. Any concerns raised had been investigated and reported to the appropriate authorities for independent review.

Staffing and recruitment

- There were enough staff to cover care visits as needed.
- All staff we spoke with told us they mainly worked with one person, which meant they received consistent care. They gave us examples of people's care requirements and needs, demonstrating that they knew them well.
- Staff were recruited safely with the appropriate checks in place, such as criminal record checks and references.

Preventing and controlling infection

- There were systems in place to prevent and manage any infections.
- People and staff told us they wore PPE (Personal Protective Equipment) appropriately and received training in infection control. They also received Covid-19 training.

Learning lessons when things go wrong

- Staff knew how to report any incidents or accidents, and these were reviewed and investigated where needed by the registered manager.
- The provider had scaled back the service since the last inspection in order to focus on making improvements to the service overall. They learned from incidents and previous feedback and took action to resolve issues.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection we recommended the provider seek advice from a reputable source on implementing and embedding the MCA within its practice. Some further work is still required in this area.

- Practise around the MCA had improved. People told us staff asked for consent before delivering care. Staff we spoke with understood people's capacity and supported people who lacked capacity to make choices where possible. They had received MCA training.
- There were mental capacity assessments in people's care plans when required, for example if people lived with cognitive conditions such as advanced dementia. However, these were not completed for specific decisions and consent relating to care. We discussed this with the management team and they told us they would review this.

We recommend the provider continue to seek advice from a reputable source on recording and embedding the MCA within person-centred care planning.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider reviewed how it delivered training and supported staff to meet the individual needs of people using the service. The provider had made improvements.

- Staff we spoke with had started in post within the last six months, and reported they had an induction and training. This included training in safeguarding, equality and diversity and manual handling. Although all staff said they felt confident in their roles, one said they would prefer more face to face training.
- The management team explained staff had specific training where needed, in relation to people's health needs, for example epilepsy and spinal injury. Further classroom based training was planned for during the next year.
- We saw examples of where staff had their competency checked during care visits to ensure they had the knowledge and skills to provide people with effective care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed holistically prior to organising the service delivery to ensure their needs could be met. The needs assessment informed the development of a care plan.
- The provider used electronic monitoring so they could monitor whether people were receiving visits as agreed.

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

- Systems in place provided guidance for staff to support people with nutrition and hydration.
- Most people we spoke with received support with their meals, and they told us staff prepared appropriate meals and encouraged them to eat and drink well. One person told us, "[Staff member] is a good cook", and another told us, "We eat together."
- Care plans contained guidance on how staff should support people to eat and drink enough, including when they had specific dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with several other agencies, some of whom provided additional care for people at home.
- Staff communicated well and shared information with other agencies to ensure people received consistent care.

Supporting people to live healthier lives, access healthcare services and support

- Where required, staff supported people to access health services, and followed any recommendations given, for example by doctors or visiting healthcare practitioners such as occupational therapists.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

At our last inspection we recommended the provider review their systems and processes to help ensure people are respected and their equality needs fully considered. This aspect of the service had improved at this inspection.

Ensuring people are well treated and supported; respecting equality and diversity

- People said that staff were caring. One told us, "They are always very helpful." Another said of their visit that day, "[Staff] were ever so kind." It was evident from our conversations with staff and the management team, the company had a caring ethos.
- Staff received training in equality and diversity. Staff gave examples of caring relationships they had developed with people, and they understood the hardships people endured as a result of the ongoing Covid-19 pandemic and lockdowns.

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

- People told us they received the care they required and discussed it with staff; one said, "We normally talk over things which is really good." A relative told us, "I can ring the office and they listen to me."

Respecting and promoting people's privacy, dignity and independence

- People and relatives said that staff were respectful towards people. Staff we spoke with gave examples of supporting people in a dignified manner, and to maintain their privacy by closing curtains and doors.
- We saw from some people's care plans that staff had supported them in becoming more independent during their time receiving support from the service, for example with regards to continence and mobility issues.

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 Requires Improvement. At this inspection this key question has improved to Good. 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 told us they received personalised care, one person said, "[Staff] ask me what I like." One care worker told us, "You know what the person prefers, it's hard during the pandemic when people don't see their loved ones, you can pick up on any change of mood, you can talk about things they like."
- All the staff we spoke with told us that any changes relating to people's care were communicated with them in a timely manner, and that they were always able to find information about what support people required.
- Care plans were person-centred with information about people's life history, hobbies, interests and preferences.

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.

- Communication needs were included in people's care plans with guidance for staff. For example, where people had cognitive problems relating to their health conditions which affected their communication, or hearing impairments.

Improving care quality in response to complaints or concerns

- People and relatives knew how to contact the office and felt confident to raise concerns if needed. One relative said, "My sister and I have no concerns about the service and if we did we would contact the service and sort things out."
- We saw records relating to complaints and saw that the provider had investigated and responded appropriately.

End of life care and support

- Staff received electronic (e-learning) training in end of life care, and some people had end of life care plans in place. We discussed this with the management team as not everyone had been asked about end of life care preferences and had plans in place where it may be relevant. They said they would look at this area for making improvements.

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 improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to put in place effective systems to monitor and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had informed us of notifiable events reported to the safeguarding authorities, except for one incident had not been submitted. We discussed this with the management team who said they would ensure more robust checking to ensure these were submitted accurately on the online portal.
- The management structure in place had improved and led to increased accountability. There were checks in quality and improvement plans in place where issues were identified and actions taken to correct them.
- Where there remained areas for improvement, such as further work around MCA, this had been identified by the provider prior to our inspection and added to an action plan. This included further training and identification of where assessments for specific decisions are needed for people.

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

- Although many staff worked autonomously, not having a great deal of contact with other staff, they felt part of a team and had a positive approach to their work.
- We saw that staff supported people to have good outcomes, and that some people had been able to maintain or increase their independence with support from the service.
- Staff were complimentary about the management, and said they felt supported.

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 had a good understanding of the duty of candour and the importance of transparency.

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

- People felt they could contact the service if they had concerns. One person said, "I would ring the manager who is approachable." A relative told us, "I only complained once about timing, that seems to be okay at the moment." Where needed, people's relatives were informed of any changes to their care or incidents.
- Staff felt supported and valued; one told us, "I would say I feel part of the service and feel valued."

Continuous learning and improving care

- The service had an improvement plan in place which they were working through. This was robust and detailed actions the registered manager and provider had taken to make improvements. They had made significant improvements since the last inspection based on feedback and findings.
- People and relatives we spoke with had not recently been asked for feedback on the service received. This had been recognised in a recent service audit and planned for in the improvement plan.

Working in partnership with others

- The agency worked closely with the clinical commissioning group, social services and the local authority where needed to ensure they kept up to date with best practice. They worked with the medicines optimisation team when any difficulties were encountered with regards to managing people's medicines and prescriptions.