

Namron Care Provider Ltd

# Namron Care Provider Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Namron Care Provider Ltd is a domiciliary care service that provides personal care and support for people in their own homes. The service can provide care for adults of all ages and covered Lincoln and surrounding areas.

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 support for 34 people.

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

There were systems and processes in place to identify and manage risks associated with people's care. There were organisational governance processes in place to monitor the quality of the service.

People were supported by sufficient numbers of staff who had been recruited safely.

People received their medicines from staff who had been trained appropriately. Where people used specialist equipment, staff had been trained to meet their needs.

Staff had received training on infection prevention and control (IPC). Information and guidance on infection control measures were available for staff and people.

People and their relatives told us they felt safe with the staff who supported them. Staff had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people.

People and staff provided positive feedback on the management of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 13 August 2019).

### Why we inspected

We received concerns in relation to the management of the service, staff recruitment and IPC concerns. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Namron Care Provider Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Namron Care Provider Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice to ensure measures could be put in place to reduce COVID-19 risks.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people and their relatives who use the service about their experience of the care provided. We spoke with eight members of staff including the provider, manager, assistant manager, senior care workers, care workers.

We reviewed a range of records. This included four people's care records and their medication records. We

looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- The provider had a system in place to ensure staff received COVID-19 testing. However, further improvements were required to make sure these results were accurately recorded. The provider had identified this and was taking action to resolve it.
- Staff had received training on how to prevent and control the spread of infection. One staff member told us, "We wear all the Personal Protective Equipment (PPE). We have all the [IPC] measures in place, I have weekly COVID testing, they sorted my COVID vaccination out." People and their relatives told us "When we had COVID the staff took extra precautions; staff wore additional PPE."
- The provider had an infection prevention and control policy, alongside a communication system in place to support staff with up to date best practice guidelines.

### Staffing and recruitment

- We looked at the way in which the registered persons had recruited staff and records showed that a number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the staff concerned did not have criminal convictions. However, the provider failed to carry out a risk assessment for a staff member with criminal convictions. This was discussed with the provider who took immediate action to resolve the concern.
- People told us enough staff were employed to provide consistent and reliable care. One person said, "We have set times, I always know when they [staff] are coming." Another person told us, "The quality of carers is very good, I know them well, they are a friendly helpful bunch."

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe. When we asked people and their relatives if they felt safe with staff who supported them, one relative told us "Yes, very much so." Another relative told us "Very happy, no complaints, very satisfied with Namron."
- Staff received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people. One staff member told us "I would report any concerns to my manager, I have always had a response, but if I didn't, I would go to the director."
- The provider had a safeguarding policy in place. Safeguarding issues were identified and reported in line with the providers legal responsibility.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood their responsibility to manage risk for people who use the service. Risks to people's safety were identified, and assessed, with measures in place to mitigate the risks and ensure people's needs were met. Risk assessments were regularly reviewed. A member of staff told us "As a senior I check the

documents, I will report [to the manager] if anything is different to make sure documents are up to date."

- People who required specialist equipment to maintain their airways were supported by trained staff. Staff were supplied with correct PPE and completed mask fit testing to comply with aerosol generating procedures guidelines. There was a protocol to guide staff on how they should support the person and what medical intervention was required.

#### Using medicines safely

- People received their medicines as prescribed and in their preferred way. Staff kept accurate records and ensured medicines were stored and disposed of correctly.
- Staff were appropriately trained to administer medicines safely to people. On-going competency assessments were carried out by the provider to ensure staff followed safe practices.
- The provider had a medicines policy in place, which offered information and guidance for staff on best practices.



# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a system in place to obtain the views of staff and people using the service by sending out an annual survey. Response and information received from the surveys were used to improve the service.
- People and relatives were positive about their experience of using the service. For example, one relative told us, "They give [name of person] dignity, I highly recommend Namron." Another relative told us "We are very happy, no complaints, very satisfied."
- The provider had developed an open culture, promoting person centred values. One member of staff told us, "They [management] are very good, I feel comfortable. I couldn't get a better boss than [name of registered provider]."

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; Continuous learning and improving care

- Records showed the provider had in place monthly management meetings where all members of the management team had the opportunity to discuss the services, share progress and update on relevant guidance.
- The provider had a system in place to monitor and record complaints, accidents and incidents in the service. Records showed details of events that had occurred, and the action taken. However, we were unable to establish themes and trends. The provider needed to ensure the system in place to learn from events was effective.
- The provider understood their responsibilities to act in an open and honest way if something went wrong. They were aware of their responsibilities to keep us informed of significant events at the service. We received statutory notifications showing how different events had been managed.

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

- Records showed there were a range of effective audits in place to monitor the quality of the service people received. These included; auditing of medicines, staff supervisions, environment and care plans. We saw actions had been completed to address any outstanding issues.
- The provider had systems and processes in place to provide oversight of the service. The manager completed weekly quality performance indicators, informing the provider of call monitoring, admissions and staff issues.

- Spot checks were undertaken by the senior staff to ensure care delivered was in line with assessed and documented needs

#### Working in partnership with others

- Staff worked closely with relevant healthcare professionals to ensure people received additional support when needed and in a timely way. A staff member told us "I can call the palliative team and get it sorted straight away."