

## Norfolk County Council

# NCC First Support - Western

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

NCC First Support Western is a reablement service providing personal care to people living in their own homes for a maximum of six weeks. At the time of the inspection, the service was supporting approximately 80 people.

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

The monitoring of the quality of care in some areas had not been robust and the Care Quality Commission had not always been notified of incidents as is required by law. The provider was aware of these shortfalls and had taken steps to make the necessary improvements.

Risks to people's safety had been assessed and managed well. Staff understood how to protect people from risks. They were kind and caring and treated people with dignity and respect.

People received care that met their individual goals to help them regain independence in their daily lives. The staff had received appropriate training and supervision to enable them to support people to achieve this.

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

The service worked well with other health and social care professionals to help people gain independence and to support their health needs. Systems were in place to ensure people, where appropriate, were transferred to other services once they had completed their reablement with Norfolk First Support Western.

The provider had ensured there were enough staff employed to provide people with the support they required. Staff new to the service had been subject to several checks to make sure they were of good character and safe to work with people.

There was an open and person-centred culture where people and staff were treated as individuals. Staff were happy working for the service and felt valued, supported and listened to.

### Rating at last inspection

The last rating for this service was Good (published November 2016).

### 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.

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

## 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# NCC First Support - Western

## 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 team consisted of one 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 for a maximum of six weeks. The aim of the service is to provide people with support to help them regain independence and live as safely as possible at home following a period of illness or injury.

The registered manager had recently left the service and de-registered with the Care Quality Commission (CQC) on 3 June 2019. They had not been working at the service for several months. A new manager had been appointed and they were due to start in this role on 1 July 2019. They had therefore not yet registered with the CQC. The new manager was currently employed by the provider in another role within the service. They were present at this inspection.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 10 June 2019 and ended on 12 June 2019 when we visited the office location.

#### What we did before the inspection

Before the inspection visit to the provider's office we reviewed the information we held about the service and the provider. This included any notifications the provider had to send us by law and information we had

received from members of the public about the quality of care being provided. We also reviewed the information the provider had sent to us in their Provider Information Return in March 2019. Providers are required to send us key information about their service, what they do well and improvements they plan to make. We obtained feedback from professionals involved with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people and nine relatives about their experience of the care provided. We spoke with ten members of staff including the newly appointed manager, two of the provider's other service managers who had been providing support to Norfolk First Support Western, three reablement practitioners, three support workers and a care co-ordinator. We reviewed a range of records. This included eight people's care records and four medicine records. We also looked at three staff recruitment records and a variety of records regarding how the provider monitored the quality of care people received.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked them for further information in relation to identifying and reporting safeguarding concerns. This information was supplied as requested and we have used this within our report.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to protect people from the risk of abuse. Staff had received training in this area and they demonstrated a good understanding of when they needed to escalate concerns about people's safety.
- People and relatives we spoke with told us they felt safe with the staff. One relative said, "We are safe with the staff and not uncomfortable."

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and managed well. Staff had a good knowledge of how to keep people safe. For example, one staff member told us how they always checked a person's skin who was at risk of developing a pressure ulcer.
- There was clear information in place to guide staff on how to support people to reduce risks to their safety.

Staffing and recruitment

- There were enough staff available to provide people with the support they required. They told us they were able to complete their scheduled visits, and had time to provide the support people required.
- People and relatives told us staff had not missed any calls and were usually on time. One person said, "They are not often late."
- The provider had conducted several checks on new staff before they were able to support people. This was to ensure they were of good character and safe to work within the service.

Preventing and controlling infection

- Staff told us they took precautions to protect people from the risk of infection. Records showed they had received training in this area. The people and relatives we spoke with confirmed this. One relative told us, "They wore gloves and aprons when they helped [family member] wash."

Using medicines safely

- The medicine administration records (MAR) we looked at showed that people had received most of their medicines when they needed them. Staff told us they had received training in how to give people their medicines and their competency had been checked to ensure they did this safely. The staff records we looked at confirmed this.
- The provider had identified and investigated any gaps in the medicine records to ensure people had received their medicines correctly. However, one of the MAR we looked at that contained an error was dated

October 2018 and had only been audited in June 2019. Therefore, this error had not been identified in a timely manner. We saw this had now improved and MAR were being audited on a regular basis.

#### Learning lessons when things go wrong

- Staff told us they reported any accidents or incidents that occurred and the records we saw confirmed this. These had been investigated and action taken to prevent them from re-occurring. For example, staff had identified one person may have missed some medicines. Therefore, they had arranged for the medicines to be packaged in a different way to help the person manage these more safely.
- There was currently no analysis of incidents or accidents to monitor for themes and trends. One of the service managers confirmed this had been identified as an area of improvement and plans were in place to commence this from July 2019.



# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes continued to be consistently good, and people's feedback confirmed this.

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

- The service received referrals from health and social care professionals which contained information about people's individual needs. The service then performed their own assessment to ensure they could provide people with reablement. This assessment covered people's individual goals and outcomes, physical, mental and communication needs.
- The care provided was regularly reviewed to measure whether people were reaching their goals and outcomes and if the service remained suitable for them.
- Technology was used to help staff provide people with effective care. For example, an electronic system was now in place that enabled the provider to monitor that staff had attended their scheduled visits to people's homes.

Staff support: induction, training, skills and experience

- Staff told us they had received enough training and supervision to meet people's individual needs. Most people we spoke with told us staff were well trained. A relative told us, "They know what they are doing. It's a big relief for me."
- Staff received a thorough induction which included shadowing more experienced staff. Staff told us they were not rushed through this process and only provided people with care when they were safe to do so. Where they were new to care, they completed the Care Certificate which is a nationally recognised qualification within care.

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

- People were supported to have enough to eat and drink and were helped to become more independent in this area. One person told us, "I am doing better now and getting my meals."
- Staff had a good understanding of how to support people to eat and drink enough to meet their needs. One staff member told us how they were working with a person to help them drink more to prevent them from becoming dehydrated.
- Records showed staff had involved other healthcare professionals such as a community matron where they had become concerned that someone was not eating or drinking enough.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with other agencies to ensure people received effective care that supported their health. This included a variety of health and social care professionals. One person told us, "The carer

did say that I should call the doctor which was very caring."

- Staff gave us examples of the health professionals they worked with including occupational therapists, district nurses and hospital staff. One staff member said they worked closely with the occupational therapists to ensure people had access to equipment to help them remain independent.
- The staff worked closely with other providers of home care and facilitated people moving to these services, if this was required when their rehabilitation had finished. For example, records showed that staff had sourced further home care for a person who required ongoing support with their personal care and management of their medicines.

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.

Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Consent had been obtained in line with the relevant legislation. People and relatives told us their consent was requested before staff provided care. One person said, "They maintain my dignity because they cover me up and always ask if it's okay."
- The staff had a good understanding of the MCA and told us they supported people to make choices about their care. For example, if a person found it difficult to decide what to wear the staff showed them different outfits to choose from.
- Records showed that people's ability to consent to their care had been considered and various professionals had been involved where there had been a concern. For example, staff had involved a GP and community matron when they felt a person had become confused about managing some aspects of their care.

# 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 Good. At this inspection this key question remained the same. This meant people continued to be supported and treated with dignity and respect and involved as partners in their care.

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

- People were treated with kindness and respect. One person told us, "The staff ooze kindness." Another person said, "They are wonderful. I am comfortable and at ease with them. They are all really nice, pleasant and cheerful."
- Most people and relatives told us that the same staff visited them which helped them build caring and trusting relationships. One relative told us, "They are excellent. I know who is coming the carers tell me. There are two different ladies that visit."
- Staff told us they were mindful of people's diverse needs and took these into account when providing people with care.

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

- People were supported to express their views and make decisions about their care. Regular reviews had been held with people to discuss how they were progressing and for feedback about the care they received.
- People and relatives told us they felt involved in their care and listened to. A relative said, "They were friendly and sat and chatted with us. They listened to what we said."

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence was encouraged. A relative told us, "They respect [family member's] dignity. They respect and cover him with towels when doing personal care. We are very lucky, I am delighted." A person said, "I am getting a lot better. It's nice to have them to help. At the beginning I wouldn't have managed without them. I would recommend them to others. It's comforting to know they are there."
- Staff demonstrated they understood how to protect people's dignity and privacy and their primary role was to encourage people to be as independent as possible.

# 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 Good. At this inspection this key question has remained the same. This meant that people's needs continued to be met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs and most said they were referred to other services if appropriate to enhance their wellbeing. A relative told us, "They make sure he is washed and then they leave. They chat while they're doing it." Another relative said, "We were very pleased with the service and will miss them. They gave advice about finding support from some societies."
- People told us they had been involved in agreeing their goals and outcomes when they started using the service. Most said these had been met and that their independence had improved.

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.

- The provider had assessed whether people had specific communication needs. Staff told us they could use different methods if required such as sign language or had access to a translator. Information could also be provided in various formats such as pictorial or in large print.

Improving care quality in response to complaints or concerns

- Most people told us they knew how to complain and that if they had done, their concerns had been listened to. One person said, "I was critical of how they washed my feet as I have diabetes. I told them, and it hasn't happened again."
- Complaints had been investigated and answered when they had been made. However, there was no analysis of complaints to identify any patterns or themes which may help to improve the quality of care people received. The provider was improving this area.

End of life care and support

- The service did not routinely provide care to people at the end of their life due to the nature of the service. However, if people became unwell when receiving care, the service ensured staff continued to provide continuity of care.
- Staff had access to palliative professionals who they worked with when providing people with the care at this time.

# 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 now deteriorated to Requires Improvement. This was because the service management and leadership had been inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was currently no registered manager at the service. A new manager had been appointed and was due to start their role in July 2019. They told us it was their intention to register with us.
- The provider had not notified CQC of some incidents when they were required to do so. For example, a staff member had raised a concern about a person's welfare which they reported to the local authority safeguarding team but not to CQC. The provider confirmed they were currently implementing a new system to help guide managers when notifications needed to be sent.
- The managers were open and transparent and told us that audits in some areas and staff supervisions had not been completed as often as they should have done. For example, audits of people's medicine records and daily notes. This meant that learning from errors in a timely manner had not taken place. This had now improved, and new systems were being embedded.
- There had been no overview of incidents, accidents, complaints or feedback from people at a management or provider level to identify themes and patterns. This would help drive improvement within the service. This had been identified and the new manager was implementing systems in this area from July 2019.

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

- There was a person-centred and open culture within the service. Most of the people and relatives we spoke with told us they were happy with the care that had been provided and would recommend the service. A relative told us, "Family member's independence has increased. We would recommend this service to other people."
- Most people, relatives and all staff told us they felt listened too and respected. Staff said they felt valued and supported. Conversations with them demonstrated they understood the provider's vision of delivering people with care that met their individual needs and preferences.
- The provider understood their responsibilities under the duty of candour and had involved relevant people in any investigations they had conducted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were regularly asked for their feedback about the service whilst they were using it. The feedback

forms we saw showed that people were happy with the support they had received.

- Engagement meetings had been held with staff to gain their views on how the service could improve. An action plan had been put in place to track when their suggestions had been put in place.
- The staff worked closely with other services such as the local hospital and community healthcare to run the current service. Health and social care professionals told us their working relationship with the service was good and that communication was effective.