Norfolk County Council

NCC First Support - Eastern

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Norfolk First Support provides a comprehensive range of assessment and reablement services to enable people to regain a level of independence and live as safely as possible in their own homes, or to provide support to carers to help them achieve this aim. The service is time limited for up to six weeks, where people are either discharged or longer-term care is arranged.

People's experience of using this service:
● People told us that care staff were kind and caring in their interactions with them, but sometimes they were not fully involved in agreeing their reablement goals. Some people also said that a full assessment of their needs had in some cases been delayed longer than the services' aim of 48 hours. People sometimes required longer than 48 hours to settle following discharge back home and so the visit was timed to maximise their ability to contribute to setting their reablement aims and goals.

● Auditing processes needed to be more robust and detailed to identify where improvement was needed. A registered manager was in post at the time of inspection but only worked part time which impacted on the oversight and governance of the service. Since the inspection they have been made full time.

● Further improvements were needed to ensure that risk assessments and care plans were sufficiently detailed so staff had clearer guidance.

● Staff knew how to support people and received mandatory training in their roles. However, due to the increasing complexity of people using the service, staff had requested training in more specialist areas to ensure they had the necessary skills to care for people effectively. This included mental health, end of life care, and substance misuse.

● People were supported to eat and drink enough to maintain a balanced diet. Further information was however required within care plans with reference to people's dietary needs and food preferences.

● There were sufficient staff to cover all visits. Recruitment procedures were in place to ensure staff were suitable for their roles.

● People had access to healthcare professionals when required.

● The principles of the Mental Capacity Act (2005) were adhered to; the service had referred to social care professionals where there was doubt about a person's mental capacity.

● There was a warm and friendly culture at the service. Staff felt supported and valued. The provider was committed to ensuring that improvements found would be addressed promptly.

Rating at last inspection: This was the first inspection of this service since being registered with the Care Quality Commission in March 2018.

Why we inspected: We inspected this service in line with our inspection schedule for services not yet rated.

Enforcement: Action we told the provider to take is outlined at the back of the report.

Follow up: We will continue to monitor this service according to our inspection schedule in line with the rating of 'Requires Improvement.'

For more details, please see the full report which is on the CQC website at 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?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

NCC First Support - Eastern

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector and one expert by experience carried out this inspection. 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: Norfolk First Support provides personal care to people living in their homes. The service provides a comprehensive range of assessment and reablement services to enable people to regain a level of independence and live as safely as possible in their homes, or to provide support to carers to help them achieve this aim. The service is time limited for up to six weeks, where people are either discharged or longer-term care is arranged. There were 75 people using the service when we inspected.

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 of the inspection visit because we needed to ensure the registered manager would be available.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us of and we sought feedback from the local authority. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

This was an announced, comprehensive inspection. Inspection activity started on 27 March 2019 when we visited the office premises to see the manager and office staff, and to review care records and policies and procedures. The inspection activity ended on 1 April 2019. The expert by experience spoke with 16 people

who used the service, and eight relatives. These calls were carried out on the 27 and 28 March 2019.

We also spoke with the registered manager, county manager, and four reablement support workers/practitioners who worked at the service.

Prior to the inspection we spoke with the local authority safeguarding and quality assurance team. During the inspection we spoke with one social care professional and one health professional.

We looked at six care records in relation to people who used the service. This included medicines records. We also looked at three staff files as well as records relating to the management of the service, recruitment, policies and systems for monitoring quality.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- The services' assessment of specific risks relating to people's care was not sufficiently robust.
- For risks that had been identified during initial assessment such as falls, risk of pressure ulcers, or malnutrition, there was not an associated plan of care, or guidance for support workers on how to reduce the risk as far as possible.
- Where people had health conditions such as epilepsy or diabetes, there were no risk assessments in place. There was no guidance on symptoms the person might exhibit if their blood sugars were to become high or low so staff were aware.
- Where risks were identified in relation to pressure ulcers, guidance included that carers were to check pressure areas, but it did not describe where to check on the person's body, or where to record the information to show this had been completed.
- Where environmental risks had been identified, such as trip hazards associated with rugs or unsafe flooring, it was not clear if staff had taken action to reduce the risk, or if the person had declined.

We found the service in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The service was not using validated assessment tools to help them determine the level of risk in areas such as pressure areas or malnutrition. The registered manager told us that as a provider of social care reablement the service did not have access to assessment tools but these would be provided by health practitioners if needed. At the time of the inspection there were no people that had been identified by health practitioners as requiring this level of assessment.

Staffing and recruitment

- There were three reablement practitioners (RP's) for each of the three patches covered. However, one of these had not been working to full capacity which meant the other two RP's were covering their work. The RP's aim to visit within 48 hours.
- Feedback from people confirmed this had been an issue at times. One person told us, "A carer [support worker] came in first and it was about a week before someone came to do an assessment." A relative said, "The carers [support workers] came to us very quickly after discharge but it was a week before the agency came and sat down with us to talk about support and they just discussed general independence they didn't sort out in any detail."
- The registered manager was addressing this and arranging a relief RP who could cover the work in the

interim. They also told us that sometimes people required longer than 48 hours to settle back home.
● There were sufficient staff to cover all visits. People told us that staff were reliable, and no visits had been missed. Some people told us that sometimes they were a little late, but did not consider this to be an issue. One person said, "We love our carers [support workers], they are so good, sometimes they are late because other people need them but I don't mind, they don't phone if they are delayed." A relative told us, "Well once they were late, very late, and they did come but no one let us know they were going to be so late."
● The registered manager told us that due to the nature of the service specific visit times could not be guaranteed as the care workers were not time limited during their visits. This approach meant that reablement could be delivered at the person's own pace. However, after several days of input to people the support workers were more able to advise people with an accurate timescale of visits.
●The service used technology to improve the monitoring of care calls. There was a 'live' call monitoring system in place so staff could log in and out of visits. This helped management to determine times of calls to various people across the different areas. Staff could also send an alert message in if they were unsafe or needed assistance urgently.
● Suitable recruitment procedures were followed. Records showed that appropriate checks were in place before staff started work.

Using medicines safely
● The service supported people to be independent with managing their medicines. Some people required a higher level of support from staff but the registered manager told us that this was rare.
● Medicine administration records charts we reviewed were generally well completed, however, topical applications such as creams were not always clearly recorded. It was not always clear when the creams should be applied, and there were gaps in several we reviewed. The registered manager had already identified this as an area requiring improvement via audits and were addressing this.
● Staff received medicines training every two years. The registered manager told us staff were observed periodically to ensure they were competent. However, when we checked observation records, medicines competency was not always included as not many people required assistance with this aspect of their care. This meant that staff were not receiving annual competency assessments in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse
● The provider had safeguarding systems in place and all staff interviewed had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training.
● One staff member said, "We can come across abuse from family members. We have had a recent case, and we have at another time reported financial abuse." Another said, "We can see neglect, or physical abuse. We can report to the manager or the safeguarding team. If it happened out of hours, we would report to the emergency team."
● People told us that they felt safe in their homes with the support workers. One person said, "I feel very safe with them coming in, they do such a good job and look after me." A relative told us, "I work away from home some of the time and I am completely comfortable to leave [family member] in their hands."

Preventing and controlling infection
● Staff had access to personal protective equipment such as gloves and aprons to prevent the spread of infections.
● Staff received training in infection control and food hygiene.

Learning lessons when things go wrong

● The registered manager told us that since they had been in post they identified several areas for improvement. This included medicines documentation, more comprehensive risk assessments and better use of staff. They had made some progress on developing systems in the service. They had arranged team meetings so these areas could be discussed with all staff.

● The registered manager showed us that accidents and incidents were being recorded, but they had identified that the current system needed to be developed to enable the service to log outcomes, and identify themes and trends.

Requires Improvement

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

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Referrals to the service came from health and social care professionals. The highest percentage of referrals came from the local hospital. The service had a reablement liaison practitioner based at the hospital, who screened referrals to ensure they were appropriate for the service.
- New referral information was handed over to a reablement support worker who carried out the initial assessment and first visit. The information was also put onto staff mobile phones so all staff visiting could view people's needs.
- Information gathered included past medical history, moving and handling needs, any recent illnesses, medicines, and how many visits were required. From this information the reablement support worker completed a 'starter pack' which included basic assessments such as any environmental risks. The process following this was that the reablement practitioner aimed to visit the person to assess and set goals with them within 48 hours.
- If when initially visiting the reablement support worker identified a higher level of risk or increased needs, they referred back to the reablement practitioner to visit the same day and complete the assessment.
- Some people told us however, that they were not always seen within 48 hours, and sometimes were not sure what their reablement goals were. The registered manager was aware of this and was arranging additional staff to ensure visits within 48 hours, where appropriate. However, they also told us that often people required longer than 48 hours to settle back home and be in a position to contribute to their goal setting.
- The registered manager showed us from recent data gathered, that a high percentage of people were discharged and went on to live independently without the need for on-going care.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role, such as moving and handling, medicines, infection control, first aid and safeguarding. However, there were some areas where staff required further training in order to be confident supporting people. One staff member said, "We are seeing more people with mental health conditions, and we don't really get training on this." Another said, "I think a few of us would like training in end of life care."
- We discussed this with the county manager and registered manager who told us that they would be addressing staff training needs. They recognised the importance of delivering training that met the needs of the people they were caring for.
- A recent 'engagement meeting' identified that training was an area for improvement. Some training such as dementia was being 'rolled out' to support workers, and consideration of more specialised training such as drug and alcohol, mental health, and diabetes.

● People told us that they felt the staff were well trained. One person said, "These girls [support workers] know what they are doing. I had a shower and I must have been a bit wobbly. [Support worker] noticed straight away and knew exactly how to help me so that I was safe." A relative told us, "They've helped [family member] a lot. At first they used to have to get [family member] up and dressed but now they can get up alone and mostly dressed so they only need to help with a wash and some bits of dressing sometimes. [Family member] has done well and so have they [support workers]."
● Staff received a comprehensive induction which included classroom based learning and training. They also had time for shadowing more experienced staff and were allocated a mentor.
● Staff received one to one supervision annually, but the plan was for this to occur more frequently. There were also work based observations at least four times per year. The registered manager told us that supervision was an area that they identified as needing improvement and they have now booked dates in. Staff in one area of the patch had not been receiving regular supervisions, because the reablement practitioner whose role it was to do these, was new in post.
● We saw that where staff had not been meeting the requirements of their role, disciplinary procedures were in place so issues could be addressed promptly and plans put in place to improve their practice.

Supporting people to eat and drink enough to maintain a balanced diet
● Some improvements were needed to ensure care plans outlined people's dietary needs. For example, where people had diabetes, or were at risk of malnutrition so staff were clear about people's needs and how best to support weight gain, where appropriate.
● Staff documented people's food and fluid intake within their daily records so this could be reviewed by a reablement practitioner.
● People were supported to have enough to eat and drink. Some people just needed prompting to prepare their food, whilst other people needed the staff to prepare meals for them initially.
● One person told us, "I have microwave meals so they [support workers] will tell me what I have and then I can choose what I want. It works very well." Another told us, "Sometimes I like to prepare something myself so they let me get on with it and then help me if I get stuck."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us that whilst receiving the service they felt they were referred to relevant professionals in a timely manner. However, feedback from people and relatives suggested there was very little signposting by the service to community or voluntary services which could be of longer term support when the service ended. One person said, "They have been great, but what happens next I'm not sure. I've enjoyed the company and chatting with them [support workers]."
A relative said, "They have been very good but once the assessment period is over we just don't really know what we will be doing. It would be good to have more information about what's out there."
● The registered manager had identified this as an area for improvement. They had planned to invite voluntary and community services to team meetings so they could build up a list of contacts for people.
● There was communication with community based professionals, and a system of effective handover of information between staff on a daily basis. This was both verbal and electronic.
● People were supported to maintain good health and were referred to appropriate health professionals as required.
● A social care professional told us, "The service is great. I usually pop in to talk through cases and see if its suitable for them. Its good integrated working." A health professional said, "They are a good team. I refer people to them and vice versa. The staff follow any recommendations. They are flexible and approachable."

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.

● Professionals such as social workers were appropriately consulted when required or when advice was needed in relation to people's care.

● Support plans were developed with people and people had agreed with the content and had given their consent to receive care and treatment.

● People told us that staff provided support in a respectful way. One person said, "They always ask me, the support workers never just 'do' anything." A relative said, "[Family member] is very independent and so they [support workers] watch them carefully and they always ask if [family member] would like some help in the shower."

Good

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

Good: People were 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
● All of the people we spoke with told us that staff that visited them were kind and caring. One person said, "Nothing is too much for my [support workers]. I would recommend them to anyone. When I came out of hospital I was a bit down and I cried and the [support worker] sat with me and was so kind it made a big difference to me." Another said, "I've had lots of carers in the past and these ones are really good. I'm telling you they are really good." A third told us, "The staff who come to us are very polite and helpful and they are good company too."
● Review meetings were arranged with people when there were changes to their care, or if issues had been raised.

Supporting people to express their views and be involved in making decisions about their care
● Review discussions were held with people and their family members where appropriate to gain people's views on how they were progressing.
● At the point of discharge, people were asked for their views on the service they received. All of the feedback we reviewed was positive.
● Some people were not always clear about what their reablement goals were or what staff were supporting them with. One person said, "The [support workers] give me the help I need. It wasn't written down anywhere but this week one of them helped me by putting the washing in the machine, which made a big difference. But I've never been asked what I would like help with."
● We spoke with the registered manager about people's feedback and they told us this would improve with the addition of extra staff they had planned. They were also planning to visit people who may have not been seen for 48 hours to ensure reablement goals were set, and people understood what the service was providing.

Respecting and promoting people's privacy, dignity and independence
● People's care plans were designed to encourage independence and linked to people's reablement goals and desired outcomes. This included regaining independence in personal care tasks, mobility or meal preparation. Other care plans were set around determining people's longer-term care needs.
● People told us they did not feel rushed by staff when they visited. One person said, "They never rush me, they encourage me to do as much as I can." A relative said, "The [support workers] are very good, they do listen to what [family member] needs. [Family member] is very independent and they let them do as much as they can as long as it is safe."
● People told us that their privacy and dignity was respected. One person told us, "I didn't think I'd like them helping me to wash but I do like a shower and I couldn't do that without them and they make it easy for me,

they are very careful with my privacy." A relative said, "I am here with [family member] but they [support workers] always shut the door and draw the curtains when they are helping with any personal care. They are very good."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI:□People's needs were not always met. Regulations may or may not have been met

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People's care plans did not always contain helpful advice for staff to use when providing care and support to people as some information was not always sufficiently detailed. This also related to the management of risks.

● Where people's aims were documented, it did not always clearly describe how people's reablement goals would be met. One person said, "They [support workers] asked what I wanted to get out of the support and I just said I wanted to get back to being independent. We didn't do any more detail than that." Another said, "They came and asked lots of questions. They didn't really ask what I wanted but they did ask lots of questions."

● Care plans we reviewed did not always identify the full scope of what people wanted to achieve. There was an opportunity to detail much more clearly what people wanted to get out of the support and how this would be met. For example, one person's aims stated, "To be as independent as possible", and to visit a particular location. However, it was not clear how this would be achieved within the limited timeframe.

● The delivery of care visits was not time limited, which enabled support staff to spend time with people, and to go at their own pace. Therefore, staff could not guarantee the time of each visit. However, some people did not appear to be aware of this. A relative said, "They've never asked us what times we want but once we had someone come at 7am and that's too early it's a very long day." Several people we spoke with commented that bedtime calls were too early. The service needed to ensure that people were made aware at the initial assessment that call times could not be guaranteed so people were aware.

● Care plan reviews were held with people when changes were identified in a person's care needs, or where issues were raised. This helped staff to deliver care in line with people's changing needs.

Improving care quality in response to complaints or concerns

● The service had a complaints procedure for people and relatives to raise concerns.

● A complaints log was in place and included details of complaints that had been raised and actions taken to address these.

● People told us they knew how to complain. One person said, "They've left a book with a number so if we did have a problem we would be able to phone the office and I'm sure they would sort it out." Another said, "I don't need to complain or raise any issues. We are very pleased, we couldn't have managed without them." A third told us, "There are niggles over times and things but the [support workers] are brilliant and we need them. They have made a big difference so no complaints from us."

End of life care and support

● Due to the nature of the service being delivered (reablement and assessment), they rarely supported people who were at the end of their life. However, staff told us they had done so where people had become

unwell during their input.

● Staff did not receive training in end of life care. Four staff members told us they would like this so they could feel more confident when supporting people and their family members.

● We spoke to the county manager and registered manager about this, and they agreed to review the training needs of staff which would include end of life care.

Requires Improvement

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

RI:Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The quality and auditing system needed to be developed further so findings could be collated and actions taken to drive improvement. The audits in place needed to be more robust and regularly analysed. This would help to support positive changes to practice and procedures.
- Incidents and accidents had been logged, but these did not include actions taken, and was not being analysed sufficiently to identify themes and trends.
- We found some information held within care plans to be lacking in detail. Risks relating to health conditions were not always in place so staff had guidance. Further improvements were needed to ensure care plans and risk assessments were sufficiently detailed.
- Competency checks were being carried out with staff. This included observed practice. However, this did not always include if staff were competent managing medicines, and we found topical application charts were poorly completed.

This constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and provider were receptive to our feedback and demonstrated a commitment to make the necessary improvements to enhance peoples care.
- The registered manager had already identified several areas for improvement, many of which linked to our findings. They only worked part time in the service, so was limited in making the required improvements promptly.
- When we spoke to the provider about the findings of our inspection, they agreed that the registered manager would be made full time immediately, and that they had already identified this as a need. This was a positive response and will support the registered manager to dedicate more time to making the improvements.
- In the main, people told us they were happy with the service provided. Some people did however tell us that they did not always know what their aims or goals were, and felt this could be improved upon.
- Relatives told us the service had been beneficial to their family members. One relative said, "Nothing could be better really, they are the best thing that's happened to us for a long time." Another said, "We've

had them before (previous hospital admission) they do everything we need. They are friendly, they preserve [family member's] dignity, they talk to us and they are very caring. We are very happy and I don't have any issues at all with them."

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

● Feedback questionnaires were issued to people when they reached the end of receiving the service to gain their views and if there were any areas they felt could be improved upon. Feedback we reviewed was consistently positive.

● County wide engagement meetings had been set up for all staff to attend annually. These meetings were to review how the service was performing, and gain staff views on how they can improve. A business plan was being completed following this.

● Staff told us they had recently attended one of these meetings and spoke positively about them. One staff member said, "The engagement meeting was really good. Our views were listened to, we all agreed that the service was well-led, but we want a full-time manager."

● Minutes from a staff meeting held in November 2019, stated that staff surveys were collated and identified that staff want more team meetings, more regular assessments, and more timely transfers to other services where this is needed. The registered manager told us they were addressing the points raised.

Continuous learning and improving care

● Staff had discussed with management that further learning opportunities were needed due to the increasingly complex needs of people using the service. This included training in drugs and alcohol, end of life care, and mental health conditions. The provider told us they had listened to staff and were looking to provide further training in these areas.

● The registered manager ensured they were available to staff in the office. Now they were working full time hours they would be better able to provide a consistent management presence.

● There was an 'out of hours' system in place which supported staff should events arise outside of office hours. One staff member said, "You can always speak to someone, you are never alone."

Working in partnership with others

● The registered manager told us about the positive relationships they maintained with other professionals. One social care professional told us, "They are really good. We work very closely, and can just walk across [the office] to speak with them."

● We saw that good working relationships had been developed with other teams, and they regularly discussed how they could support people in the most effective way. This included arranging assessments from occupational therapists, social workers, and physiotherapists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Some risks were not adequately assessed so staff had relevant guidance in how to mitigate risks. 12 (2) (a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes did not always identify areas where quality and/or safety were being compromised. Auditing procedures needed to be more robust to identify where improvement was needed. 17 (1) (2) (a)