

Norfolk County Council

NCC First Support - Northern

Inspection report

1 Mill Close
Aylsham
Norwich
Norfolk
NR11 6LZ

Tel: 01263739000

Date of inspection visit:
10 August 2022

Date of publication:
23 December 2022

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

Norfolk First Support- Northern is a domiciliary care service providing personal care to people 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 the inspection there were 139 people who used the service who received personal care. Norfolk First Support-Northern provides a reablement service to people who may have been discharged from hospital, or who are recovering from illness or injury. People typically receive support for up to six weeks, and sometimes longer to help them with becoming more independent.

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

The systems to monitor and assess the quality and safety of the service currently in place were not fully effective at identifying shortfalls and driving improvement. We have made a recommendation the provider makes improvements in relation to this.

Risks in relation to people's individual needs had not always been assessed, and risk assessments which were in place were not always sufficiently detailed. Staff understood their responsibilities in relation to keeping people safe; and knew how to report any concerns.

Assessments of people's needs were undertaken once they had started using the service, this had led to some complications where care packages had to be revised, or additional support being requested from healthcare professionals. Staff took appropriate action in relation to these incidents.

Staff supported people to take their medicines in a safe way, but records relating to medicines could be more detailed. Staff adhered to the current guidelines in relation to infection prevention and were part of a testing programme which was in place at the time of the inspection.

Not all staff had completed their required training, however, people felt staff were well trained and staff were able to demonstrate through our conversations they understood people's individual needs.

People's consent was sought by staff when delivering care. 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.

The management and staff worked in partnership with people, their relatives and healthcare professionals to achieve good outcomes for people. People's care was reviewed regularly, and care plans updated where people's care needs changed.

People were supported by staff who upheld their dignity and promoted their independence.

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

This service was registered with us on 19 September 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 - Northern

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors and two Experts 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because we needed to phone people using the service as part of the inspection, and we needed to get their consent to call them.

Inspection activity started on 10 August 2022 when we visited the office and ended on 28 November 2022 when we gave feedback about the inspection findings. Telephone calls were made offsite to people who used the service, relatives and staff.

What we did before the inspection

We reviewed our systems and information we held about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 21 people who used the service and 11 relatives about their experience of the service.

We also spoke with the registered manager and 10 staff who consisted of support workers, reablement practitioners and senior reablement liaison officers.

We reviewed the care plans and associated risk assessments for 15 people who used the service and a range of medicines and topical administration records for 25 people. We also looked at a range of records relating to the day to day running of the service such as quality assurance records, training data and some of the provider's policies and procedures. The personnel files for three staff were reviewed as part of this inspection.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from staff. One person said, "I feel safe as all the carers are pleasant people, they all talk to me." A second person explained, "I feel very safe with the carers. They are good and I like them."
- Through our discussions with staff we felt assured they understood how to recognise signs of abuse and how to report any concerns. Staff gave us examples of when they have raised a safeguarding concern.
- A review of records showed safeguarding concerns were reported to the relevant agencies.

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

- Risks relating to people's individual care needs were not always planned for. A review of care plan audits showed senior staff identified needs which had not been risk assessed.
- Where risks in relation to people's care needs had been assessed, these would benefit from more detail. However, we were assured through our conversations with people and their relatives that staff knew people's care needs and how to keep them safe. Staff also demonstrated a good understanding of people's individual risks.
- Reviews of incidents took place and learning from incidents was discussed with staff. A review of records showed incidents were recorded and what action was taken to mitigate the risk of future occurrences. For example, relevant referrals to the falls team or occupational therapy where it was felt people would benefit from these services to keep them safe.

Staffing and recruitment

- We received varied feedback from people regarding the staffing of care calls. One person said, "I have lots of different carers, lots of them and it's very bewildering when you are on your own." One person's relative explained, "...In the first two to three weeks [of the service commencing], we saw about seven different staff, but now that has reduced to three or four." Other people told us they received their care from regular staff.
- Through our conversations with people, some felt the service was short-staffed. One relative told us, "...it does seem as though they are short of staff."
- View about staffing levels varied among the staff we spoke with. Some staff felt the levels of staffing were too low. Other staff explained that whilst they had to travel further due to the low staffing levels, they were still able to fulfil all of the care calls.
- The registered manager told us they were trying to recruit more staff, but this had been difficult. As a result, they had reduced the number of care packages, so the people currently using the service could receive their care calls and safety was maintained.
- A review of staff recruitment files showed background checks were carried out. This included Disclosure

and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People who were supported with taking their medicines were mainly positive about the support they received. One person said, "The carers give me my medication out of the blister pack, they stay with me while I take them." A second person told us, "[The staff] put creams on for me. They are very good, well trained and I like them all."
- Our review of people's Medicines Administration Record (MAR) charts showed these did not always contain sufficient detail, for example the time of day and the frequency of administration were not always detailed on the MAR chart. However, a majority of the MAR charts we reviewed were clearly detailed and times of administration were highlighted.
- Where people were prescribed topical medicines, we saw there were body maps in place to show where people required these to be applied.
- Training records we reviewed showed staff had attended training in the safe administration of medicines, and staff we spoke with told us their competency in this was regularly assessed.

Preventing and controlling infection

- The registered manager told us staff had adequate supplies of personal protective equipment (PPE) and explained the extra precautions staff would take when supporting a person who had tested positive for COVID-19. This included wearing additional PPE and limiting the number of staff supporting the person to minimise the risk of infection.
- Staff undertook regular testing in line with government guidelines.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed, but assessments were completed after people had started to receive the service, usually within 48 hours. Staff we spoke with raised concerns about this arrangement, particularly when people had been referred after a stay in hospital. One staff member said some people were discharged from hospital without the correct aids to enable them to mobilise independently. Another staff member explained hospital staff did not always provide enough information about people's needs on discharge.
- Staff we spoke with gave examples for the immediate action they took when they felt people had returned to their homes too soon. This included calling district nurses to attend to a person's dressing and calling other staff for support where people required the support of two staff with mobilising. Staff also raised any concerns as incidents.
- Assessments were detailed and identified what people wanted to achieve from using the service. They also included a summary of people's medical history and detailed information about their personal history and their likes and dislikes. One person said, "They did come and assess, someone called [Staff member]. They helped us to get a hospital bed, a commode and a new chair. They arranged for the occupational therapy assessment on the Monday and the things were here on Wednesday and the carers came in on the Tuesday"

Staff support: induction, training, skills and experience

- A review of training data showed not all staff were up to date with the mandatory training set by the provider. A review of staff records showed senior staff monitored staffs' competency through regular observations and spot checks.
- However, we were assured from our conversations with people who used the service and staff that they had a good understanding of how to meet people's needs and keep them safe. One person said, "[The staff] know what they are doing, I don't need to ask or remind them of anything. They have regular training sessions too. I use a Sara Steady and they know how to help me transfer." A second person told us, "I think the staff are well trained, they have helped me to get things I need such as a hospital bed and a rise/recliner chair. There have been a couple of occasions when a supervisor has come out with a new carer on probation to train her up"
- Staff were supported in their roles through regular supervisions and annual appraisals. Upon commencing their employment, staff completed an induction which consisted of shadowing a more experienced member of staff.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier

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

- People were supported with their meals where they required this assistance. One person told us, "I have my lunch delivered and the carers help me with my tea, they will ask me what kind of sandwich I fancy and if I would like any crisps or cake."
- People were supported with making healthcare appointments. One person said, "I did have one morning recently when I felt really sick and the carer was really good and suggested the GP and got in touch for me."
- Staff referred people to other healthcare professionals where people would benefit from additional specialist support.

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 MCA 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 the time of our inspection, no one had any restrictions placed on their liberty. Our conversations with staff and the registered manager showed they understood their responsibilities under the Act.
- People and their relatives said they were able to make decisions about how they liked to be supported and their day to day care. Staff gave us examples of how they offered people choice. One staff member said, "It's their home, their choice, their life."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People we spoke with told us staff were caring and treated them well. One person said, "The carers have been brilliant and have helped me to do all of the little things I just cannot do; I will ask them if they can help me with something small such as grate some cheese for example, and they are always so obliging." A second person explained, "The carers are lovely, they chat to me while I am having a wash, they will talk about my family, they ask me what I want and if there is anything else they can do. They are very respectful and never intrusive."
- Relatives also spoke positively about the care their family members received. One relative told us, "All the carers from Norfolk First Support are absolutely superb and very tolerant and patient as [family member] doesn't accept care easily." A second relative said, "There is nothing to complain about the carers, they are very pleasant and willing to help. This morning we had to get a urine sample from [family member] and the carer said that she was going by the surgery, so would drop it in."
- People told us they were involved in making decision about their care. One person commented, "The carers are excellent, they don't rush me and I never feel like they are rushing off either. I feel involved in my care, they ask me what I need. I am very grateful for the help."

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

- People and their relatives told us how they felt involved in making decisions about the care they and their family members received. One person said, "The carers will do whatever I ask them to, they will wash my back and my legs for me and will wash my hair." A relative commented, "I do feel that I have been involved in assessments, my relative will never be really independent again and I do feel the agency include me. I have always found them helpful and really good."

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported in a way which respected their privacy and dignity. One person explained, "[The staff] are very good, they always close doors and they don't just barge in, they are considerate." A second person commented, "The carers are more than respectful; they cover me up when they undress me and give me a lot of dignity. I have not felt uncomfortable from day one, they soon put my mind at rest."
- People were supported with regaining their independence after returning home. One person said, "[The staff] encourage me, for example they encourage me to stand for a little longer each day and they encouraged me to use my good hand for my knife to cut things and now I can do it mostly." A second person explained, "[The staff] encourage me to do little things like cleaning my teeth and washing a few dishes. [Staff member] says little steps are important and she says I am doing very well."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 were not always asked if they had a preference about the gender of the staff who would be supporting them. One relative said, "All our carers are female, we weren't asked..." A second relative explained, "We did say that we prefer female staff, but a male staff member did turn up once, it was a bit of a shock, but we accepted it on the day although we were not totally comfortable."
- However, some people told us their preference regarding the gender of staff supporting them was respected. One person said, "I feel safe when the carers come, I have asked not to have a male carer in the morning when I have personal care, but it is okay for one to come other times; to help me with my meals for example."
- Most of the people we spoke with told us they were not asked about their preferred time for a care call. Some people said they would like to know the time of their calls, whereas others explained they did not mind what time their call was.
- We received mixed feedback about whether staff stayed for the agreed amount of time with people. One relative said, "The staff are supposed to stay for 45 minutes, but it is usually between 30 and 35 minutes..." A second relative commented, "The carers stay a little longer than they should to write everything down in the folder."
- Due to the nature of the service, there was not an allocated amount of time staff had to spend with people. Staff told us they would spend as long as they needed with people to provide the support they required. One staff member said, "We're not time-specific, so if we're there an hour, we're there an hour. I've never been told we need to keep to a certain time."
- Care plans detailed how people wanted to be supported, this included details about their daily routine and what was important to them. For example, one person's care plan stated they wanted to 'Be independent as I possibly can be again.'
- Regular reviews of people's care took place and care plans were updated when people's support needs changed. For example, we saw in one person's care plan it was detailed they wished to try using the shower again as they had gained more confidence.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood AIS and their responsibilities in relation to this. However, people's care plans would benefit from being explicit about whether people had any communication needs.
- The registered manager informed us information was available in different formats such as Braille and easy read. They also invited family to assessments if there were any communication needs and were able to access interpreters if required.

Improving care quality in response to complaints or concerns

- None of the people we spoke with told us they had made a complaint, but they knew how to contact the service if they wanted to raise any concerns. One person said, "No complaints at all but if I did, I would phone the office and talk to them. My daughter talks to the office too if she needs to." A relative commented, "I haven't needed to make a complaint, but I have a booklet with all the information in."
- A log of complaints was kept by the registered manager and we could see that complaints had been responded to. However, for the purpose of auditing, it would be beneficial to have more detail about the complaint and the date complaints were responded to.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Governance procedures to monitor and assess the safety and quality of the service were not always effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Processes to monitor the quality and safety of the service were not sufficiently robust. Whilst audits were undertaken, these were not fully effective in identifying areas for improvement. For example, audits of people's medicines and care plans did not detail what remedial action had been taken and by when where shortfalls were found.
- Audits of care records were only undertaken when people had stopped using the service. This meant there was no oversight to ensure care records contained enough detail and all risks had been identified and assessed. In addition to this, the registered manager only reviewed one care plan a month, with the others being reviewed by reablement practitioners.
- Satisfaction surveys were sent to people after they had stopped using the survey. A review of these showed people were largely positive about the service provided. The responses were analysed, but we could not see from the summary that any negative comments had been followed up on.

We recommend the provider reviews their quality assurance processes so they are effective in driving improvement and audits of care records are undertaken whilst people are still using the service so any remedial action can be taken.

- After our inspection, the registered manager sent us information about the improvements they planned to make. This included digitising care records to improve auditing, and also to avoid having to duplicate work.

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

- Based on the comments about the timing of care calls and the length of visits, people's expectations about the service could be managed at the point they start using the service. Due to this being a short-term reablement service, specific times of visits and duration of care calls are not specified.
- People told us they were contacted by the manager or senior staff who asked them how they felt about the service. One person said, "I have had a call to see how things are, which was good." A second person explained, "I have had a couple of visits from the manager to see how things were going and if they needed to make any changes. At the last visit I told her that I could have a male carer in the evening as I no longer need help to get into bed."
- People felt able to contact the service and found staff were responsive to their needs. One person said, "I

rang to see if I could have an earlier call one day as I had an appointment, they were very nice and let the carers know; it was all sorted for me." A relative explained, "Initially we had carers three times a day, but found that it was a long time from lunchtime to bedtime, so we asked for a further call at teatime and the agency sorted it without any problems."

- Staff told us they felt supported in their role and were able to raise anything with the registered manager. One staff member said, "[Registered manager] is just wonderful, very good, you can ask her anything."
- Staff confirmed they had regular team meetings and agenda items consisted of changes to people's care and any changes to guidance.

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 registered manager understood their responsibilities in relation to duty of candour, and a review of incidents showed these had been reported in line with the regulations.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to ensure timely referrals were made when people required specialist advice and support.