

Norfolk County Council

NCC First Support - Norwich

Inspection report

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08 December 2022

12 December 2022

22 December 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

NCC First Support -Norwich is a domiciliary care service providing personal care and support 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 inspection there were 69 people who used the service who received personal care. NCC First Support -Norwich provides a short term reablement service to people following a hospital stay, change in need or circumstances such as an illness or injury. People usually receive support for up to six weeks to help them become more independent. If further care and support is needed this transfers over to another care agency.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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

Feedback about NCC First Support -Norwich from people and relatives was complimentary and they praised the service. One person told us, "I was very happy with the respect shown to me and my home. The staff all had a lovely manner, they seemed well trained, knew what they were doing, I would recommend them."

The management and staff worked in partnership with people, relatives and other professionals to achieve person-centred care and good outcomes for people.

Risks to people had been assessed and were managed safely. People were supported by a staff team who were safely recruited and knew how to protect them from potential harm.

Staff felt supported and recognised in their role by the management team and there were enough staff to meet people's needs.

People received their medicines as prescribed and staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

People's care records were re-assessed regularly and guided staff on how to assist people safely and promote their independence.

People's choices and preferences regarding their care and support were reflected in their records. Staff understood equality and diversity and ensured people's privacy and dignity was respected.

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.

People and relatives felt able to raise any issues with the staff and management team and were confident these would be addressed.

Systems to monitor the quality and safety of the service were in place.

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

Rating at last inspection

The service was registered with us on 13 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 well-led.

Details are in our well-led findings below.

Good ●

NCC First Support - Norwich

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of an inspector and two Experts by Experience, who carried out telephone interviews to people and their relatives to gather their feedback of the service. 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. The registered manager was also the provider's nominated individual, this meant they were legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because this was a remote inspection and we needed to ensure the management were available to support and

could access the electronic file sharing systems.

Inspection activity started on 28 November 2022 when we gave notice and requested information. Telephone calls were made offsite to people, relatives and staff on 8 and 12 December 2022. Inspection activity ended when we had a face to face video conferencing meeting with the registered manager on 22 December 2022 to give feedback.

What we did before the inspection

We reviewed our systems and information we held about the service. 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 took this into account when we inspected the service and made judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service, seven relatives and one person's representative.

We spoke with the registered manager and four members of staff. We received electronic feedback from 17 members of staff and one professional involved with the service.

We reviewed a range of records which included care plans, risk assessments and medication records for six people and five staff recruitment records. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

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 for 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 and relatives described feeling safe, protected and at ease in the company of the care staff. One person told us, "I feel safe with the carers, they made some helpful recommendations to make life easier for me." Another person said, "The carers checked that I was safe, locked up [the property] and put the key back through the letterbox. I can't praise them enough."
- A relative shared how impressed they were by the actions of a member of staff to protect and reassure their family member during an emergency. They said, "[Family member] feels safe and happy with the carers. They had a fall and the carer found them. The carer was very good and thorough, very professional, genuinely concerned. Contacted me as soon as possible, they went over and above."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately. A member of staff said, "I would report any issues to the management or the local safeguarding team if needed."
- The registered manager understood their responsibilities to ensure any safeguarding concerns were dealt with properly and reported to the relevant agencies.

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

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Where required healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment to support their reablement. For example, occupational therapists if specialist equipment was needed.
- A system was in place for accidents and incidents to be recorded and analysed by management for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- People and relatives described a consistent and dependable service. One person said, "Reliability has been very good. I've had two staff consistently, so they have got to know me very well and I have been impressed by the quality of care provided." Another person shared, "I found the service excellent. I had the same three care staff most of the time, so we got to know each other very well. Occasionally someone else stepped in, but they would always understand why they were there and were just as pleasant, respectful and competent."
- A relative shared how the management managed their expectation of the reablement service provided, "It was explained from the start that care calls would not be at an exact set time, duration or with a specific

carer. But, we would have a team of carers who would get to know [family member's] needs, focus on getting them more independent, staying for however long it took to complete everything needed under no time pressures. We initially had four visits a day, this has dropped to three and will reduce again hopefully now that [family member] is managing and coping better."

- Staff and the management team worked hard to ensure people received their care visits as planned and there had been no reported missed visits since the service started operating.
- Staff confirmed they had breaks and sufficient travel time to get to people. If an emergency occurred at one visit staff said that the office had contingency plans to ensure people still received their planned visit.
- 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. References were also sought from previous employers.

Using medicines safely

- Where people were supported with their medicines this was done safely. One person said, "The carers get me a drink to take my tablets and write it down that I have had them." Another person said, "When I came out of hospital, I had a bed sore. The carers were concerned and got special cream and a dressing for it and it has healed nicely."
- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required. Staff confirmed they had their competency regularly checked.
- Staff managed people's medicines safely. The management team monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

Preventing and controlling infection

- People and their relatives confirmed staff followed good infection control practice in their homes and wore personal protective equipment (PPE). One relative said the staff, "Always wear their masks, gloves and aprons."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a regular testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.

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

- An assessment of people's requirements was done at the start of the service focusing on where reablement was needed given their circumstances and included people's physical, mental and social needs. One person said, "I had a fall and it knocked me for six. I am a bit wobbly still but slowly getting stronger. They [care staff] have been amazing, so encouraging, the reablement support has helped me physically and also my confidence."
- People and relatives told us they were involved in their ongoing care planning and development. A relative said, "The carers worked closely with me, because I have the ongoing responsibility, so I felt very involved in the six weeks of care visits, I had so much to learn. The staff were all helpful to me, demonstrating holding techniques and giving information."
- Records showed that people's care and support needs were assessed weekly, planned and completed in line with recognised best practice and current legislation.

Staff support: induction, training, skills and experience

- People told us staff were skilled and knowledgeable which gave them reassurance. One person said, "There were six or more care staff that visited, but they were all equally competent and caring. There was never any nastiness, I always felt safe. They knew what they were doing and I considered them well trained."
- Staff received mandatory training, and an induction which included assessed shadowing by the management team and working on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
 - Staff received specialist training where needed for people's specific healthcare needs such as stoma and catheter care and were assisted to professionally develop through ongoing training, supervisions and appraisals. A member of staff said, "I feel supported in my job. We have supervisions, team meetings and updates that tell us of any changes for people. I am thinking about doing a care qualification as I feel there is an opportunity to progress here."

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 to eat and drink where they required this assistance. This was documented in their care records and provided guidance for staff on how to meet these needs. One person said, "Carers listened to me, very kind. One asked me what I wanted to eat and I said I would like two fried eggs and a couple of

sausages and I thought that would be a problem, but no, they said that would be no trouble and cooked them for me."

- The management team undertook weekly assessments of people's progression with their reablement. This supported them to make timely referrals for advice or specialist equipment when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived on 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.

- The management team understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People confirmed they were able to make day to day decisions for themselves and these were respected. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One person said, "I chose how and in what order I wanted to do things."
- People's care records reflected staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

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

- People were complimentary about the support and care provided. Comments about the approach of the staff included, "Carers are polite, always courteous, caring and kind, very pleasant and lovely people." One person shared, "It was a brilliant service, I would recommend them. It was like gaining a friend, I'd look forward to them coming, we always chatted along as they provided the care."
- People were respected and encouraged to be involved in shaping their care and outcomes. One person said, "I stopped receiving the service last week; I agreed with the reassessment that I can now wash myself, and safely manage my medicines. So the service made a big difference to me in getting back to living independently."
- Where appropriate to do so relatives advocated for their family members. One relative shared, "The service has made a huge difference to both of us; I felt scared and needed to learn so much, and [family member] needed reassurance and to gain confidence. The carers have helped us get into routines that work, where I was all at sea at first."

Respecting and promoting people's privacy, dignity and independence

- People told us the staff treated them with dignity, were polite and respectful and adapted their approach where needed to meet their needs. One person said, "The carers are respectful to me and put me at ease."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records reflected what people could do for themselves and where assistance was needed how best to provide this support. One person said, "Carers would wash my back and encourage me to do what I can for myself."
- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, members of the management team made sure that people's independence, dignity and privacy was promoted and respected.

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 and relatives shared several examples how the service was responsive and reliable and the positive impact this had. One person said, "Thanks to their care I can walk further now." Another person commented, "Because of the care I have received I have made a lot of progress." A relative shared, "This service is a lifeline for [family member]."
- People told us that staff were considerate of their individual preferences, taking account of what was important to them. One person said, "The carers have given marvellous tips, not just how to do things, but also how to think in steps and feel more positive. That is all on top of excellent care. They have concentrated on what is important to me, while re-focussing me away from pain. I feel they are progressing me to different levels."
- Another person shared how they have been involved throughout the care planning process, "I feel it's a partnership, I've grown very fond of the carers. The person in charge came to see me originally and has been since to discuss my progress. We have started discussing care possibilities for after I finish using this service."
- Relatives shared that people's views were actively sought by staff and factored into their ongoing care arrangements. One relative shared, "[Staff member] came out, they were really good and spoke directly to [family member] and asked what they needed, if they minded what gender of carer, they had a good attitude."
- People's care records were developed with the person and/or their representatives where appropriate. They were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively, safely and according to their preferences.
- Staff told us people's care plans contained information that was relevant and accurate about their needs. One member of staff shared, "People's needs are reviewed weekly with any changes implemented straight away. You report anything that needs to be followed up on and [the office] will update you if anything significant has changed so you're prepared when you turn up."

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.

- Staff adapted their approach to meet the needs of people. One relative said, "It was largely me who was involved in the arrangements at the start, but [staff member] came around and explained everything to me and my [family member]. They were mindful of [family member's communication] needs when talking to

them."

- The management team were aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.
- The management team told us that any information could be provided in other languages and or in alternative formats such as audio recordings and braille should these be required.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed. One person commented, "I was given good information about the manager, contact numbers and complaint procedures." A relative said, "It was clear who to contact if we had any issues, but the staff we saw were so approachable and helpful we had no concerns."
- A complaints policy and procedure were in place. Records showed where concerns had been received they had been responded to in a timely manner with lessons learnt to prevent reoccurrence.

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 Good. 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

- People were positive about their experience of using the service with one person saying, "The staff all had a lovely manner, they seemed well trained, knew what they were doing, I would recommend them. I learned a lot, and developed my confidence."
- Relatives were complimentary about the service their family members received. One relative said, "The carers were all so caring and competent, I would definitely recommend them to others."
- Regular ongoing assessments ensured the service was able to meet people's needs and take into account their preferences for how they wanted their care delivered to ensure it was person-centred.
- Staff had their competencies and practices assessed to ensure they were working to the standards expected. There was an open culture where staff felt able to speak to one another and the management team if they needed guidance and support.
- Staff were complimentary about working at the service and described the management team as visible and supportive. One member of staff shared, "I enjoy working as part of NCC Norfolk First Support team. I feel well supported by my line manager. I can always approach them for advice or support if I need to. The rest of the team are also very supportive; we all work well together."
- In response to staff feedback about the challenges faced combining quality monitoring, auditing and performance with regular assessments of people's needs, the provider had undertaken a consultation into reviewing the job roles. Proposed changes included implementing a dedicated team to focus on assessments of people's needs and another team to monitor quality and performance.
- A transparent culture was evident with feedback about the service encouraged by management. Where people, relatives and staff had shared their views, their comments were followed up, acted on accordingly and used to develop the service. One relative said, "When the service ended, I filled in a feedback form that they asked for." Another relative shared, "The [care folder] has somewhere staff put their notes. There is no space for the service user or their relatives to put their own notes. I mentioned it to [office staff member] and they said they would look into it and it was a good idea."

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

- An established leadership structure was in place and staff understood their roles, responsibilities and duties. Staff performance was monitored through one to one supervision and competency checks.

- The management team were aware of when to report notifiable events to CQC and their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- The management team monitored the safety and quality of the service. This included regular checks and audits, for example, medicine administration, care records and accidents and complaints.
- The provider had taken steps to strengthen their quality monitoring and auditing systems following an inspection of another of their reablement services. This included additional checks as an interim measure whilst an operational review of the service was underway.
- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing. This included making timely referrals.
- The registered manager was actively involved in establishing effective 'Discharge to Access' systems and processes. They liaised closely with healthcare colleagues and relevant stakeholders to support people with a safe discharge from hospital and having access to appropriate care. This included triaging referrals and ensuring relevant information was provided and shared with all partners.