Nottingham City Council

Nottingham Home Care

Inspection report

Aspect House, Aspect Business Centre
Aspect Business Park, Bennerley Road
Nottingham
Nottinghamshire
NG6 8WR

Tel: 01158763222

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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

Nottingham Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats and provides a service to older adults and younger adults with a physical or learning disability in and around Nottingham City. The service principally provides a rehabilitation care service to assist people who are recovering from a trauma, such as a stroke, to recover their ability to care for themselves.

At our last inspection in December 2015 the service was rated as Good; on this inspection we found the service remained Good in all areas. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive safe care. Risks to people's health and wellbeing were assessed and this was reviewed to ensure people continued to be assisted in a safe manner. The staff understood how to protect people from harm and the registered manager had reflected on how safeguarding concerns were addressed to ensure these were reported promptly. Some people received assistance to take medicines and records were kept to ensure that this was done safely. There were safe recruitment procedures in place to ensure new staff were suitable to work with people.

Staff were supported and trained to ensure that they in turn had the skills to support people effectively. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need. People were able to make decisions about how they wanted to receive support to ensure their health needs were met.

The care people received remained good. Care was planned and reviewed with people and the provider ensured that people's choices were followed. People's privacy and dignity was respected and upheld by the staff who supported them. People felt comfortable with staff who they knew and satisfied with the support provided.
The service remained responsive. The support plans reflected people's specific needs and preferences for how they wished to be supported and this was reviewed. People felt comfortable raising any issues or concerns directly with staff and there were arrangements in place to deal with any complaints. Information was being reviewed to ensure it this was accessible to all people who used the service.

The service remained well led. Staff felt supported by the registered manager. Regular quality checks were completed and people could comment on the quality of service provision. People and staff were

encouraged to raise any views about the service to consider how improvements could be made.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

Nottingham Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Nottingham Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

We gave the service 96 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection activity started on 4 May April and ended on 9 May 2018. It included telephone calls to 18 people and four relatives, we visited one person and spoke with them and their three relatives. We also spoke with three care staff, one senior care staff and the registered manager. We received information from the local safeguarding team and commissioners of the service. We visited the office location on 9 May April 2018 to see the registered manager and to review care records and policies and procedures. One inspector carried out this inspection with the support of two experts by experience. An expert by experience is a person who has knowledge and experience of using care services.

The provider sent us a provider information return (PIR). This is 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 looked at four people's care records to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

The provider had systems in place to protect people from the risk of abuse or harm. They were cared for by staff who understood their responsibility to keep people safe. Staff told us there was a safeguarding policy in place and they described what they would do if they had any concerns regarding a person's safety. One staff member said, "I don't care who it is, people have a right to be safe." A person told us, "Yes I feel very safe and the girls make sure I'm safe before they leave." Another said, "Yes I am safe, very safe."

Assessments of risks to people's health and safety were carried out and we saw examples of these in the care plans we viewed. All the records we checked contained risk assessments, which outlined any potential dangers and risks, and looked at ways to minimise these dangers in order to keep people safe. A risk assessment was conducted on people's homes. These included identifying risks such as trip hazards and how to leave the person safe following the service's visit. This information stayed in the person's home so staff had access to it. This information was reviewed on a regular basis or when there was a change in people's circumstances, such as their recovery. Information about risks to people was also shared with care staff in staff meetings, supervisions and whenever risk assessments or care plans had been updated.

Staff told us they read care records in people's homes to bring themselves up-to-date at each visit and they discussed risks to people with the senior team. Risk assessments were in place to ensure risks to people were identified and managed, and people were cared for safely.

There was enough staff to meet people's needs. People told us the carers arrived on time or within a reasonable time. If staff were going to be delayed people got a phone call. One person said, "You know it's reassuring, I know if I have a problem they won't rush out, so I don't mind the delays." People who needed two staff to care for them assured us they arrived together or at the same time. They never had to worry about staff not arriving. There were systems in place in the office to recognise late and missed visits in a timely manner and there was sufficient staff to respond to these calls.

People received the support they required to safely manage their medicines. People told us that they received medicines when they needed them. One person said, "Yes they give me medication twice a day." Another person said, "[Staff] fetch my medication for me." Another person said, "They make sure I take my medicines on time." Staff knew how to safely support people to manage their medicines and clearly described the different levels of support people needed. They also knew how to respond if a medicines error took place.

People's care plans contained information about what support, if any, they required with their medicines. Staff completed medication administration records to confirm whether or not people had taken their medicines. The manager ensured that staff received training and support before administering medicines and this was provided on an on-going basis to ensure staff remained competent. There were medicines procedures in place which contained appropriate detail.

Records showed staff were recruited appropriately and all the necessary checks had been completed. This

included two references, identity and security checks.
The service had procedures in place to review accidents and mishaps. These were discussed at the time of the event and actions taken to ensure, where possible, these did not re-occur. They were also discussed at team meeting to share learning so that staff could and keep people as safe as possible.

Good

Is the service effective?

Our findings

The service was primarily to assist people to recover from a trauma and to regain their skills to care for themselves. For example, if a person was recovering from a stroke a re-enablement plan was put in place. An assessment of need was carried out, usually this took place prior to a hospital discharge. A plan was put in place to assist people to recover, where possible, their skills. The assessment included views of people, their families, where appropriate, and health care professionals when this initial assessment was completed and when it was reviewed.

The initial assessment of need was undertaken in a timely manner and looked at all aspects of care and in particular looked at how the service could enable the person to regain their skills. The care plan was very clear and gave staff clear directions on how to care for the person so that they recovered their skills. We saw risk assessments were completed for all aspects of people's care and were personalised to their specific needs and abilities.

People rights under the Mental Capacity Act 2005 (MCA) were supported because the provider was working within the principles of the MCA and we saw people's consent was sought before the staff provided support. The 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 of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Overall, most people had the ability to make decisions about their care and recorded their consent within the support plan. People felt they were helped to make decisions and be in control of their care and there were no restrictions identified. For example, one person said, "Of course the [staff] give me a choice." Another said, "Even though they know me well, they still ask and it's nice." Where people did not have capacity, capacity assessments were in place. These were carried out in a timely manner with the appropriate people involved.

New staff received an induction into the service. When new staff started working they spent time completing office based training. This training included re-enablement training, stroke awareness and care of people living with dementia and other mental health concerns.

Staff completed nationally recognised vocational training and the care certificate; this sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care. All the staff we spoke with said their training fully equipped them for the work they did. One said, "We learn fast how important training is." Another said, "When we are helping people to recover we need to know what we are doing and the manager makes sure we do."

Staff were provided with support through individual supervision and checks were made in people's homes to ensure the staff were working safely. Where any concerns were noted, they were addressed through the supervision process.

People had choice and flexibility about the meals they ate and were responsible for providing their food for staff to prepare. People chose what they wanted to eat and staff helped to prepare this. We saw people had commented on how they wanted their food to be prepared and worked with staff to ensure it suited their individual preferences. Some people received support to help them to recover their independence or to develop different skills they needed to live in their own home independently.

People were supported to have access to health and social care professionals. Where appropriate staff assisted people, or acted on their behalf to make and attend health care appointments. We saw evidence in care plans that staff followed advice and guidance from specialist professionals. This ensured people had the right care and support to meet their health needs. For example, some people who were recovering from a stroke had input from physiotherapists to assist them to regain their mobility. Advice was sought from dieticians and speech and language therapists (SALT) when people had swallowing difficulties. This was to ensure staff prepared people's meals to the correct consistency.

The service worked closely with the local hospital to ensure they were providing the care people required for an appropriate and timely discharge. In order to ensure people's optimum rehabilitation, the service worked closely with the local community health care teams. This included physiotherapists and occupational therapists. Staff were trained to assist people to complete their rehabilitation programme of exercises. People were provided with the appropriate equipment to assist them with their mobility such as a walking frame and standing frames.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. One person told us, "I've had the same ones for ages now; we're like friends." One relative told us, "The staff are really lovely, helpful and nice". They said they look forward to them arriving." Another relative told us, "The staff work with me and spend time getting to know what [Person] likes. They are really flexible and it's lovely to see the relationship they have developed."

People's privacy and dignity was respected. Where personal care was delivered, people told us the staff took time to ensure they were covered. One person said, "Nobody really wants someone else to do their personal care, so it's difficult. I prefer it when I know people better as it makes it easier for me. The staff always try and make me feel comfortable and there's always a towel covering me up."

People were encouraged and supported to get their independence back or to be as independent as possible. One person told us, "I tell the staff what I can do and they do the rest. We work well as a team." Another person told us, "The staff who know me well are the best. I don't need to tell them what I can do; they just know." One relative told us, "I like that they involve [Person] in everything they do. They don't take over they allow [person] to stay in control which is good."

When organising support the provider took into account people's preferences and views. Staff understood that people's support was based on their individual needs and wishes. People's care plans were drawn up with them and covered all aspects of their lives and staff knew about these and told us how they supported people in line with them. Staff were aware of and had training in how to understand and respect people's different religious persuasions and cultural beliefs.

Information about people was kept securely in the office and staff kept personal information about people confidential. One person told us, "They don't talk about other people. It's how it should be." The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

Good

Is the service responsive?

Our findings

People were happy with their care and all the people we spoke with had been included in planning their care to ensure their needs and wishes were recognised and met. One person said "We're absolutely delighted with them, it's been first class. We've been impressed and we've been able to welcome their staff who have been very considerate. Another person told us, "So far it's been perfect for me but there's just a few little issues, it was all agreeable but there was one timing issue. The time they could offer was all that was available. It's not changed since then but the times had to be a compromise I'm happy with." A relative said, "It's been very good, no problems at all, none."

'People's needs were recorded in a care plan. People who were offered rehabilitation were reviewed on a regular basis to ensure the plan was meeting their need and they were making the expected progress.

Care records contained information regarding people's diverse needs and provided appropriate guidance for staff on how they could meet those needs. Staff told us that they had time to read people's care records so that they could support people with their diverse needs. The provider responded to people's personal care needs. For example, they had a team of male carers who were available to male service users should they wish. Staff were trained in how to care for people who had particular cultural needs and wishes.

Where possible an assessment was carried out before starting to care for people. If this was not possible a senior member of staff provided the initial care and conducting an assessment of care needs and risk assessments to ensure the safety and welfare of people and staff. The service had facilities to produce its information for people in different formats to meet people's needs, such as those who have a visual impairment. All documentation including how to complain could be translated into any language using the Local Authority language facilities.

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. We saw where any complaint had been received this was investigated and recorded.

The service received many compliments and thank you letters from people who had used the service.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Good

Is the service well-led?

Our findings

The service was managed in the best interests of people who used it. The management team worked closely with partnership agencies to ensure they were meeting recognised needs. This included working closely with the local hospital discharge teams to ensure discharge was not delayed. This was particularly relevant during the winter period where the registered manager was proactive in planning the service around the needs of people.

The registered manager was aware of the changing needs of people and managed the service in an innovative manner that ensured continuous development in line with changing needs in the community. For example, the service had, over the winter, been awarded additional finance to develop the service to people to aid hospital discharge and prevent people being in hospital longer than necessary. This innovative approach ensured this service worked in partnership with health and social care professionals to provide the care people needed.

There were systems in place to ensure the service was meeting people's needs and wishes. For example the service was regularly reviewed to ensure lessons were learned and the service was managed to meet people's changing needs. This resulted in the service developing a team consisting of male only carers to meet identified needs of male service users.

The service was aware of the diverse needs of the people who used the service. Staff were trained to meet these diverse needs of people and people were given choices that met their lifestyles, cultural and religious beliefs.

The registered manager understood the importance of supporting staff so they in turn could ensure they provided a positive culture that was open and inclusive. Staff we spoke with were proud of the work they do and were happy with how they were managed and supported. There was a stable workforce including the management team.

People were involved with developing the service. People told us that they were asked their views on the service that they were receiving. A person said, "I am always been asked about the care I get, it's always the good ones that ask. I am very pleased with the service." A survey had been conducted to people who used the service. The findings were positive and showed people were happy with the service they received.

There were clear systems in place for people to contact the office and issues were dealt with promptly. Office-based staff maintained regular contact with each person or their relative to check they remained satisfied with the service. This meant that communication remained on-going and any issues that were raised were acted upon.

There was a robust quality assurance process in place that reviewed all aspects of the service on a regular basis. This included how care plans reflected the needs of people, if medicines were administrated appropriately and if the service was proactive in keeping people safe.

We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that regular staff meetings took place and the registered manager had clearly set out their expectations of staff.

The service had systems in place to ensure that visits to people were carried out in a timely manner. They also made use of technology to ensure staff were where they needed to be at the right times and were spending the right amount of time with the people they supported. Regular spot checks of staff took place so that the registered manager could monitor the quality of care being provided.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this on the website and in the service.