

Norvic Healthcare (Anglia) Limited

Norvic Healthcare Anglia

Inspection report

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Tel: 01603865665

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13 July 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Norvic Healthcare Anglia is a domiciliary care service providing personal care to people living in their homes. At the time of the inspection they were supporting 80 people, 70 of whom were receiving the regulated activity of personal care.

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

People who used the service usually had the same regular staff who cared for them. They spoke highly of the care received and the experience levels of the staff. A number of the carers had gone 'over and above' their role for example with taking people to the doctors and ensuring they had enough food during difficult times, such as bad weather.

People were informed if their visits were going to be late and there were enough staff to ensure care visits took place and for the allotted time duration.

People knew who the manager was and who to speak to if they had any concerns. People and relatives told us, they felt they would be listened to and actions taken to resolve their issues

We have made a recommendation about reviewing systems to identify when medication has not been given and reasons, taking appropriate action.

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

The last rating for this service was requires improvement (published 26 July 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvement had been made, but the provider was still in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 20 June 2019.

We undertook this focused inspection on 13 July 2021 to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norvic

Healthcare Anglia on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to regulatory notifications to CQC, at this inspection.

Follow up

We will ask the provider to complete an action plan, to confirm when and how they will make improvements. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Good 

Is the service well-led?

The service was not always well-led

Requires Improvement 

Norvic Healthcare Anglia

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 July 2021 and ended on 22 July 2021, when final inspection feedback was provided. We visited the office location on 13 July 2021

What we did before the inspection

We reviewed information we had received about the service since last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives by telephone, about their experience of the care provided. We spoke with 10 members of staff including the nominated individual, who is also the registered provider, registered manager, operations manager, assistant operations manager, office and care staff.

We reviewed a range of records in relation to management and administration of the service, including audits, policies and procedures, meeting records and surveys. This included eight people's care records. We looked at four staff files in relation to recruitment and staff supervision.

After the inspection

We reviewed records and sought clarification from the provider. We meet with the manager to complete an interview and review information they had sent through. We sought feedback from health care professionals who worked with the service

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

The purpose of this inspection was to check if the provider had met the requirements notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and processes in place to help keep people who used the service safe.
- Staff were familiar with policies which set out what to do if they suspected a person to be at risk of actual harm or abuse. Staff were comfortable in challenging poor practice and felt able to raise any issues with management, and confident they would be addressed

Assessing risk, safety monitoring and management

- Since the last inspection a new digital care planning system had been put in place and improvements had been made to the quality of care plans and records for people who used the service.
- People's records contained assessments of their needs and were detailed to identify the exact care provided, including identified risks and how these were managed. The information was person centred. We discussed with the registered manager some issues we identified with the records and they took immediate action to address these concerns.
- The new digital care planning system had an alert mechanism whereby staff could raise any concerns immediately, with the office staff, who took action responsively.
- People, by involving them to understand risks, were encouraged and supported to do things they chose to, whether that be looking after themselves, their home or going out.

Staffing and recruitment

- Since the last inspection the service had implemented an electronic call monitoring and digital care planning system. This had given the management team a good overview of the timing of calls and the care provided so they could monitor this more effectively
- People who used the service received a rota, so they knew who would be supporting them and when. People told us they regularly saw the same carers.
- There were enough staff to ensure people's needs were met fully and calls were of an appropriate length. There were no missed visits. Any late calls were well managed by the office and people were kept updated.
- The service had procedures in place to ensure staff were recruited safely including obtaining references and Disclosure and Barring Service (DBS) checks. A DBS check is an official record stating a person's criminal convictions. They help to ensure employers are making the right decisions during the recruitment

process.

- Risk assessments were completed for staff who had health issues identified during recruitment process.
- People who used the service praised the staff with comments such as. "Absolutely fantastic", "Amazing", "Flexible". People felt staff were trained and skilled to provide the care needed.

Preventing and controlling infection

- People told us staff took appropriate infection prevention precautions during the pandemic when assisting them with personal care so they felt safe with the care provided.
- Risk assessments and procedures were in place for accessing the office to keep people safe and regular COVID-19 testing was taking place.

Learning lessons when things go wrong

- The provider had systems in place to learn from when things had not gone well. They had started new governance meetings at which themes, outcomes and lessons learnt were discussed.

Using medicines safely

- Monthly and weekly management reports were reviewed and we identified some medication which had not been given and no explanation recorded by staff. This was not consistently reviewed as part of the management report. The majority of these incidents were due to either the person not being at home, the visit not taking place or staff recording medication in daily records instead. There did not appear to be a robust system to identify and action errors consistently. The manager took immediate steps to improve the review system to address the gap in the management reports.

We recommend the provider consider the system for reviewing medication to ensure when the system states medication has not been received they have reviewed and identified reasons, taking action as appropriate.

- There were medicines policy and procedures in place
- There was a system in place for giving people their medicines as prescribed, with staff recording on an electronic medicine administration record (MAR).
- The clinical lead audited 10% of MARs monthly to identify if there were any improvements needed. They were responsible for ensuring all the actions were completed.
- People who the service supported with their medication said this was done safely and there were no concerns.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

This meant the service management and leadership was inconsistent in their approach to the management of the governance processes in some areas.

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

At our last inspection the provider's quality assurance process were not effective in identifying deficiencies in risk assessments and care plans. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Although further work was necessary to embed new systems and processes, it was clear the provider and registered manager had taken steps to improve governance arrangements.
- The service had failed to notify CQC of relevant incidents which had been reported to safeguarding.
- The system in place to record these types of incidents did not appear to be robust enough to identify what type of incident and if all relevant parties had been informed. Although all appropriate actions had been taken to ensure risks were managed and people kept safe.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate all required notifications had been submitted to CQC. This is a legal requirement. This was a breach of Registration Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider responded immediately after the inspection and they submitted these notifications retrospectively.

- Governance meetings had started which would take place three times a year. These reviewed audits, complaints, compliments, accidents and incidents, policies and procedures, recruitment, training and looked at best practice and lessons learnt.
- The new digital care planning system produced monthly and weekly reports. Monthly care plan and medication audits were also completed. These were all reviewed and actions completed where necessary.

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

- The service invested in its staff and understood the benefits for those people who used the service. Staff told us they felt valued and cared for.
- The service had developed 'About me' booklets to ensure all personal information was captured, including end of life wishes for people who use the service, to ensure care records reflected the person's individual needs.
- Staff comments included, "[Nominated individual]'s philosophy is we are family, which made us all feel comfortable and welcomed as new staff", and "They really look after staff... people in the office are wonderful. They always try to help... are great with a smile and a laugh".
- The service provided end of life care for people who wanted to return home during their last days. Regular compliments were received from relatives regarding the service stating that "The care was exceptional and gave [...] and us great comfort during what was an incredibly difficult time." and "[..] was ever present... they exuded experience and a much needed positive spirit whilst being hugely caring." "Thank you so much for taking the time to get to know [...] and understand them – that personal touch means so much."

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 service had developed good relationships with the people who used the service. Most people knew who to speak to if they had concerns and felt they would be listened to and action would be taken.
- We reviewed examples where a concern had been raised about a carer by a colleague and this was shared with the person who used the service to be open and honest with them. People and relatives told us they would feel comfortable contacting the office to discuss any concerns

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

- The service were encouraging and welcoming to staff and people. Prior to the pandemic the registered manager had organised social events for people who used the service and their relatives. They hoped these could be restarted when restrictions allowed and it was safe to do so.
- People who used the service were sent regular questionnaires. The results were reviewed and appropriate actions taken.
- The service had developed end of life handbooks to support people and their families. 'Client's user books' were also developed to inform people about what to expect from the care provided and values of the service.
- Relatives with permission, and people using the service, could access the digital records on the care plan system to review records written about them/or their family member using the service. Relatives told us this had allowed them to monitor care provided and contact the staff if they had any issues or concerns.

Continuous learning and improving care

- Registered manager linked into other organisations to learn and share best practice. This included the local authority, skills for care and webinars held by the electronic care record provider.
- The service had achieved a quality award, which was an international recognised quality management system.

Working in partnership with others

- Staff worked in partnership and collaboration with several key organisations to support provision of joined-up care.

- Organisations and health care professionals who worked with the service to set up care packages said the service was keen to work with them and adapt to their needs, being flexible in their approach.
- The service would only take on new care packages if they had the staffing and could meet the new person's needs.
- A health care professional complimented staff for the care provided to a person who was receiving palliative care for "Going above and beyond the call of duty." They said "The way the staff handled everything was very dignified and a credit to Norvic. The staff acted with grace and dignity throughout."

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 18 Registration Regulations 2009 Notifications of other incidents Systems were either not in place or robust enough to demonstrate all required notifications had been submitted to CQC. We found no evidence that people had been harmed due to his.