Norwyn Community Services Limited

Norwyn Community Services

Inspection report

Central House
Central Avenue
Sittingbourne
Kent
ME10 4NU

Tel: 07943666941

Date of publication:
24 November 2020

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service
Norwyn Community Services is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection the service was providing short term support to 17 people to enable them to leave hospital as soon as they were ready to be discharged. This support was part of the COVID-19 pandemic response.

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.

People's experience of using this service and what we found
Feedback from people and their relatives about the service was positive. Comments included, "They were so supportive and encouraging. I never felt rushed.", "Such nice cheerful people. They lifted our spirits" and, "Staff were very kind, no complaints at all."

Staff knew how keep people safe from abuse. Staff reported accidents and incidents to ensure they were investigated and action was taken as needed. There were care plans and risk assessments in place and staff had a good understanding of the risks to people. Infection prevention and control measures were in place to prevent infections or the risk of COVID-19 spreading through the service. People received their medicines as prescribed.

There were enough suitably trained and recruited staff to support people safely. Staff were not rushed and had time to spend talking to people.

Staff sought people's consent before they provided them with 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.

Staff were kind and caring. Care was person centred and people told us they were involved in planning their own care. People's equality needs such as religious or cultural needs were met where this support was needed. Where people were at the end of their life the service worked in partnership with the hospice to ensure people's needs were met and their wishes were respected.

Staff were positive about the service and said they felt well supported and communication was good. Staff

were supervised appropriately. Checks of the service quality were undertaken and issues were acted upon where identified. The registered manager understood their legal responsibility to report significant events to CQC. There were systems in place to enable people to feedback about the quality of their care, which all had said was positive.

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

Rating at last inspection
The last rating for this service was Good (published 6 June 2018).

Why we inspected
This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norwyn Community Services on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Norwyn Community Services

Detailed findings

Background to this inspection

The inspection
As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 27 October 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team
The inspection was carried out by one inspector, one medicines inspector and an Expert 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.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be available to support the inspection and to arrange for information to be sent to us.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and 10 relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and care workers. We sought and received feedback from health and social care professionals about their experiences of the service.

We reviewed a range of records. This included three people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate the evidence found in relation to medicines management.

Good

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had a good understanding of the signs of abuse and knew how to raise concerns if they had them. One staff said, "If I had any concerns I would report to the manager. [The registered manager] would take it really seriously." The management team knew how to report concerns to the local authority.
- Where staff had reported concerns, these had been reported and dealt with appropriately and action had been taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and there was guidance in place for staff to enable them to manage risks safely. The staff we spoke with were able to describe the risks to people and what they did to keep people safe. For example, staff knew how to identify if there was a concern with people's catheters and sought medical advice and support when this was needed.
- People and their relatives told us they felt safe. Comments included, "I feel perfectly safe", "[My relative] was losing weight and the staff were good at encouraging [them] to eat" and "My [relative] is very carefully hoisted which makes [them] feel safe and comfortable."
- Environmental risks were assessed. The registered manager ensured equipment was safe to use. For example, they made sure that equipment being used to move people such as hoists were regularly checked.

Staffing and recruitment

- There were enough staff to provide support to people to remain safe. People had received all of their planned care calls from staff. Staff had sufficient travel time scheduled between calls. People and relatives said staff arrived on time or they were informed where staff were unavoidably running late. Comments included, "Always on time and stay for the full 45 minutes", and "Sometimes they are running late but let us know."
- The provider continued to ensure staff were suitable to work with people by completing safe pre-employment checks. For example, appropriate references were sought and Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People's medicines were managed safely. The service had appropriate medicines policies in place that reflected national guidance. Staff received training to support people to take their medicines and competency assessments to ensure their practice was safe had been completed. These had not always been done annually in line with best practice. However, the registered manager addressed this during the

inspection and sent us evidence of this.
● Staff checked that people had enough medicines available. Staff or family/advocates ordered repeat medicines for people when needed. Relatives told us staff reminded them when medicines were due to be ordered.
● The pharmacy provided printed medicines administration record (MAR) charts. Staff completed these in full when they gave support to people to take their medicines. We found no gaps in MAR charts.
● There had been no errors relating to medicines. However, staff understood the process of how to report medicines errors if they occurred.

Preventing and controlling infection
● People were protected from the risk of the spread of infection.
● We were assured staff were using personal protective equipment (PPE) effectively and safely. All of the people and relatives we spoke with told us staff wore PPE in line with guidance.
● We were assured that the provider's infection prevention and control policy was up to date and in line with national guidance.
● Staff had undertaken training in infection control including training specifically around COVID-19. Competency checks had been completed to ensure that staff were washing their hands and putting on/ taking off PPE correctly.

Learning lessons when things go wrong
● Staff knew how to inform the office of any accidents or incidents. Where incidents had occurred, they had been recorded and acted on appropriately. Incident reports had been reviewed by the registered manager to identify learning. There were no trends of incidents.
● Staff told us the registered manager responded quickly to concerns to reduce the risk of incidents from occurring. For example, staff informed the registered manager that one person was no longer able to use a standing aid to stand safely. Staff were immediately informed not to support the person out of bed until the occupational therapist (OT) had re-assessed them and the referral to OT was made straight away.

Inspected but not rated

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.

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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 of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

- No one was being deprived of their liberty under the MCA at the time of our inspection.
- Staff and the registered manager continued to have a good understanding of the MCA. One person told us, "I was always given choices. The staff helped to build me up, both physically and mentally." A relative said, "My [relative] is given choices all the time. The carers and I work together to give [my relative] choices." A further relative told us, "Sometimes [my relative] was a bit reluctant to give permission as [they] were anxious but staff gently explained, and [my relative] was then reassured."
- The service was working with the local hospital to support people to be discharged when they were medically fit to do so. Best interest meetings for consent to care were held where appropriate prior to people starting to receive the service. A best interests meeting is held when a person lacks mental capacity to make a decision for themselves and needs others to make those decisions on their behalf.

Inspected but not rated

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.

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. Comments included, "The staff were caring in everything they did – talking to me, cheering me up, having a laugh, banter, nothing was a problem. It's the little things that made such a big difference." And, "They are compassionate and understand my [relatives] needs."
- Staff respected people's emotional needs. Comments included, "Staff spoke gently and reassured [my relative]." And, "They were considerate and gently encouraging."
- People were provided with support for needs which were under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. For example, where people had needs relating to their religion these were recorded and support was provided where needed.

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

- People were involved in planning their care and making decisions. Comments included, "I was involved in planning my care and able to make suggestions as I got better" and, "My [relative] was asked what they wanted doing every day and staff were always willing to do this."
- Staff and people told us staff had time to talk to people and listen to them. One person said, "Staff are very friendly, they chatted with me and lifted my spirits – helped both my physical and mental health." A staff member told us, "People enjoy talking so I do try to give them as much time as possible."
- Spot checks of the care staff were providing were carried out by senior care staff. These checks included ensuring staff were communicating with people and were offering people choices. People were also asked for their views during these checks. People completed feedback forms about their care. This meant people had the opportunity to let the registered manager know if there was anything about their care they wanted to change or thought could be improved.

Inspected but not rated

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised and centred around the person and their likes and needs. People said, "They really did know us as people, they went beyond the call – so caring and kind", "I'd give all the carers 10/10. They are sensitive to my situation" and, "They got to know me well, my likes and dislikes."
- People's care plans were updated if their care needs changed. For example, when a person's mobility support needs changed their care plan was also updated to reflect this. One relative said, "The staff have adapted really well to my [relatives] changing needs."
- Care planning included people's preferences. For example, people were able to specify the gender of the staff who provided them with personal care.

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.

- People's communication needs had been assessed. One staff member said, "One person struggles to communicate but we take time and listen to them. They can communicate if we give them time."
- People had copies of care plans in their homes. Care plans were hand written but were written clearly and used accessible language. The provider was planning to move to an electronic care planning system which would increase the accessibility of care plans. Staff had spent time with people explaining information such as the complaints policy and service terms and conditions.

End of life care and support

- The service worked in partnership with the local hospice to plan and deliver support to people.
- Advanced care plans were in place where appropriate. Advance care plans provide people the opportunity to plan their future care and support, including medical treatment, in case they are not able to do so towards the end of their life.
- There was information about people's families so the service could contact them if the person passed away or was critically unwell to make suitable arrangements. People were referred to the hospice when they needed this support.
- Relatives told us, "End of life has been discussed and we've been involved in this looking at what's needed. Communication is good" and, "[my relative] was very well supported by the staff and they respected our wishes."

Good

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 Good. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- There was a positive culture at the service. Staff were motivated and positive about the registered manager and their role. Staff told us they felt supported and received regular supervision. One staff member said, "I think the service is run really well. We all work together. [The registered manager] lets us know what we need to know." Another staff member told us, "I have worked for a few companies, this is by far the best I have worked for in terms of having someone to go to with any questions."
- People and their relatives were positive about how the service was run and how that impacted on their care. Comments included, "I think they are pretty good. They made me feel safe when I got home", "Everything happened as it should with no delays" and, "Excellent, good two-way communication."
- Quality audits were in place to check the quality of the service and address concerns. For example, audits identified that the lockdown was impacting on communication with staff. Electronic messaging systems were introduced. Staff were positive about this system and told us communication had improved.
- The registered manager kept up to date with best practice and developments including those relating to the pandemic. They continued to network with other providers and the local authority through electronic means to share information.

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

- There had been no incident which qualified as a duty of candour incident. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood their responsibilities under duty of candour and had discussed this with staff members at a staff meeting.

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

- The registered manager had informed the Care Quality Commission of significant events which happened within the service, as required by law.
- It is a legal requirement that the rating is on display at the services offices and on the providers website. We did not visit the service office. However, we checked the providers website and saw that the rating was displayed as required.

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

● Staff had sought feedback on the service from people through quality surveys. The feedback received was positive. Comments included, 'Thank you to our carers for all their excellent care, with cheerfulness', 'The carers we have met have been marvellous and very considerate of [my] needs. and, 'The carers talk to me and explain things.'

● People and their relatives told us the registered manager was accessible if they wanted to raise concerns or had any comments to make about their care.

● Prior to the pandemic there were face to face staff meetings. These meetings were now taking place using video calls. Staff also used instant messaging to keep in contact with the registered manager and each other on a daily basis. Staff were positive about this and said they felt listened to. One staff member said, "I feel 100% supported. The registered manager always gets things sorted."

Working in partnership with others

● The service was working in partnership with the local hospital and other services to support people to leave hospital when they were medically fit to do so during the pandemic. For example, this included occupational therapists, district nurses and the hospice. This joined up working improved outcomes for people. For example, people had fast track access to occupational therapy assessments where they needed this support.