

Essential Nursing & Care Services Ltd

Essential Nursing and Care Services

Inspection report

Unit 7
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Date of inspection visit:
09 February 2016
10 February 2016
29 February 2016

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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

This inspection was announced and took place on 9, 10 and 29 February 2016. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available. At the last inspection in October 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Essential Nursing and Care Services provides personal care and support to people who live in their own homes. At the time of our inspection they were providing 1400 hours of personal care per week to 210 people.

Essential Nursing and Care Services has a registered manager in post. 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 told us that their care and support needs were met and that staff were kind, caring and respectful. People also said they felt safe and had confidence in the staff that worked for the service.

Staff knew people well and understood their needs. Care plans were detailed and regularly reviewed. This meant that there was always information for staff to refer to when providing care for people.

The provider had implemented satisfactory systems to recruit and train care workers in a way that ensured that relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed by Essential Nursing and Care Services and the skills they had were sufficient to meet the needs of the people they supported and keep them safe.

People were protected from harm and abuse wherever possible. There were systems in place to reduce and manage identified risks and to ensure medicines were managed and administered safely. Staff understood how to protect people from possible abuse and how to whistle-blow. People knew how to raise concerns and complaints and records showed that these were investigated and responded to.

There was a clear management structure in place. People and care staff said that the managers were approachable and supportive. There were systems in place to monitor the safety and quality of the service.

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.

Systems were in place to protect people from harm and abuse.
Staff knew how to recognise and report any concerns.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Medicines were managed safely and staff competence was checked.

Is the service effective?

Good ●

The service was effective

Staff received induction and ongoing training to ensure that they were competent and could meet peoples needs effectively.
Supervision processes were in place to monitor staff performance and provide support and additional training if required.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

Is the service caring?

Good ●

The service was caring.

Support was provided to people by staff who were kind and caring.

Staff understood how to support people to maintain their dignity and treated people with respect

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and

delivered to meet their needs. Staff had a good knowledge and understanding of people's needs.

The service had a complaints policy and complaints were responded to appropriately

Is the service well-led?

The service was well led.

There was a clear management structure in place. People and staff told us that the registered manager and management team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided

Good ●

Essential Nursing and Care Services

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 checked 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.

This inspection took place on 9, 10 and 29 February 2016. Two inspectors undertook the inspection.

Before the inspection, we reviewed the information we held about the service; this included incidents they had notified us about. Additionally, we contacted the local authority safeguarding and commissioning teams to obtain their views.

We spoke with sixteen people and 4 relatives on the telephone. We also talked to nine members of staff either during meetings at the provider's office or on the telephone. We also spoke with the registered manager and office-based staff who were involved in supporting people who used the service. We looked at six people's care and medicine records. We saw records about how the service was managed. This included five staff recruitment and monitoring records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

People who received care and support from the service told us that they felt safe with the staff who supported them. One person told us, "The rota tells me who is coming and they always wear a uniform and have an id badge."

People were protected against the potential risks of abuse. The provider had a comprehensive policy and procedure in place that reflected current national and local guidance. There was a training programme to ensure staff were aware of the different types of abuse, possible signs of abuse and the action they should take. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents and concerns.

There were systems in place to identify risks and hazards in order to support and protect people. Assessments were carried out and plans were in place to minimise these risks. These were regularly reviewed and updated. In three of the 24 risk assessments we reviewed, risks had been identified but no action to reduce or manage the risk had been recorded. This was an area for improvement.

There were systems in place to enable the service to respond to emergencies, for example, if staff arrived at a visit and found someone was unwell or if staff were unable to complete their shift meaning that people would not receive their care. This usually involved managers and senior staff providing additional support, contacting health professionals, arranging extra staff or providing additional care themselves.

There was an out of hour's on-call system in place so that people who used the service and staff could contact the service for advice and support or in emergencies. Staff and the people we spoke with all confirmed that they had received help and support when they had had occasion to call the out of hours service.

The registered manager told us that there were enough staff employed to provide care for everyone they looked after. Rotas for people who used the service during the week of our inspection showed that everyone had a named carer allocated for all calls. This meant that, even if the allocated care worker changed, people always received care from staff who had been recruited and trained by Essential Nursing and Care Services.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Recruitment records were checked. Satisfactory procedures had been followed; each person's file contained proof of identity including a recent photograph, a Disclosure and Barring Service check and evidence of people's good character and satisfactory conduct in previous employment. They had also completed fitness to work questionnaires and provided evidence of their right to work in the United Kingdom where necessary. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

There were satisfactory systems in place for the management and administration of medicines. Staff had been trained in the administration of medicines and records showed that their competency to administer

medicines safely had been checked regularly. Staff were knowledgeable about each person's medicines and how to administer them. They were regularly 'spot checked' whilst providing care to ensure that they were following the correct instructions for medicines and keeping suitable records.

People told us they received their medicines on time and as they required. Care plans and medicine administration records (MAR) were detailed and up to date. The registered manager showed us that all completed MAR were returned to the office and a sample of these were audited. If any issues were found, the staff concerned were spoken with and record was made of this. In some cases, additional training had been provided. Two people had been prescribed topical creams and staff were confirming in daily records that they had applied these for people. There was no care plan in place for this and the prescribed item was not documented on the MAR. Through discussion, we found that these were isolated incidents and not a systemic failure. This was an area for improvement.

Is the service effective?

Our findings

People told us that they had confidence in the staff because they were kind and caring and understood their needs. One person commented, "They know their jobs, they are all very professional and approachable".

Everyone we spoke with was happy with the service. They confirmed that staff arrived on time and mostly stayed for the allocated length of the call. People told us they never felt rushed. Staff told us that there was sufficient time to travel between allocated calls. Rotas for the week of the inspection showed that staff were always allocated a minimum of five minutes travel time between calls and sometimes more if a longer distance was involved.

People received support from staff with suitable knowledge and skills to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Records showed that all staff had completed induction training in accordance with national standards and undertook regular training updates in essential areas such as health and safety, moving and handling, infection control and first aid. They also had access to specialist areas of training depending on the needs of the people they were caring for. These included understanding dementia, managing behaviour that challenges, stroke awareness, Parkinson's disease, COPD and caring for people with diabetes, pressure sores, epilepsy, continence difficulties and end of life care. The registered manager told us they had developed different training methods to suit the different ways that people learn. The rostering system that was used to allocate staff was set up to ensure that only staff with the specific training would attend to people with any of these needs. The provider had also identified that many family members often did not fully understand the needs of their relative and so had expanded the training to include family members if they were interested. Three care workers commented to us that they had worked for other domiciliary care agencies and that the training they had received from Essential Nursing and Care services was the best they had received.

Staff received regular supervision either through spot checks, one to one meetings and staff meetings in the office, as well as an annual appraisal. Staff told us that they always felt able to request additional support and training. Spot check and supervision records showed that these checks highlighted where additional training and support was required for staff and the registered manager confirmed that this support was provided.

Staff had been trained in the Mental Capacity Act (MCA) 2005. The registered manager confirmed that all of the people they provided a service to had capacity to make their own decisions but that mental capacity assessments and best interest decisions would be undertaken if the need arose.

People and relatives confirmed that staff always checked with the person before providing care and gained their consent to provide the care needed. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them. One person told us, "[staff name] knows my routines but always gets my permission before they do anything."

People were supported to maintain good health. People gave us examples of health professionals such as

occupational therapists, GPs and district nurses being contacted by staff on their behalf when they requested it or when their staff identified a concern.

People told us that they were supported to have enough to eat and drink. They said that, where preparing food and drinks was part of their care package, staff would offer them choices and ensure that they had any necessary support to eat their meals.

Is the service caring?

Our findings

People told us they were treated with kindness and respect. They said that they were able to develop a relationship with regular carers which made them feel comfortable and cared for especially when receiving personal care. One of the people we contacted told us, "They [the staff] can't do enough for you. They go the extra mile, you name it and they will do it".

People who used the service and their relatives told us that their staff were friendly and caring as well as considerate of people's choices and preferences.

Care plans included information about people's preferences, likes and dislikes. The registered manager and staff were aware of people's needs and described in detail how they provided the care to suit particular individuals. For example, a staff member told us how one person was isolated and at risk of being lonely, they said they were able to have a cup of coffee with the person if they had completed their tasks and still have time left for the call. They told us they knew the person appreciated this bit of time to chat and it made their job more fulfilling.

All of the people and relatives that we spoke with confirmed that they had been consulted about their care plans and were involved in making decisions about their care. They also said their needs were met by the staff that visited them.

Staff confirmed that they knew about requirements to keep people's personal information confidential. People confirmed that staff did not share private information about other people with them.

Is the service responsive?

Our findings

One of the people we contacted told us, "They [the staff] came on time, did what I needed and left when they were supposed to".

People told us that they received schedules once a week telling them when staff would arrive and who they could expect. People said that they were mostly, if not always, informed in advance of any changes to the rota. The registered manager showed us an analysis of recent surveys that had identified this issue within the service and had recently put measures in place to improve this area.

People, or their relatives, were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Staff confirmed that there was enough information in care plans to enable them to meet people's needs and added that, if they had any queries, there was always support available from senior staff and the registered manager.

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. One person told us how the staff that visited them had identified that they would benefit from the help of an occupational therapist. The service had arranged this and the person had received special equipment to help with their recovery from an illness.

Where people required support with their personal care they were able to make choices and be as independent as possible. One person received assistance to go shopping and on other trips. They had requested that staff did not wear uniforms during these visits and the registered manager had ensured that staff respected this request.

There was a complaints policy and procedure that was given to people when they began receiving a service from the agency. People told us they knew how to complain and were confident that they would be listened to should the need to complain arise. There was a clear system for receiving, investigating and responding to complaints. We looked at two recent complaints and found that they had been investigated and responded to appropriately.

Is the service well-led?

Our findings

Feedback from people, relatives and staff showed us that the service had an open, positive and caring culture. This was because people were consulted about the service they received and there were regular opportunities for staff to contribute to the day to day running of the service through informal discussions and staff meetings.

There was a clear management structure in place. People and staff told us that the registered manager and management team were approachable and supportive and they felt they were listened to.

There were satisfactory arrangements in place to monitor the quality and safety of the service provided. There were audits of various areas including medication, infection prevention and control, accidents and incidents, care plans, complaints and health and safety. The registered manager had examples of MAR chart and daily record audits where they had identified issues and addressed these with the staff concerned. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

There was a system in place to ensure that contact was made with each person using the service at least every three months to check that they were satisfied with the service they were receiving. This involved telephone interviews, face to face meetings and questionnaires. All responses were analysed, actions were identified and further review procedures then checked that the actions had been addressed. The provider also undertook an overall analysis of all satisfaction surveys to identify overall strengths and weaknesses and an action plan had been developed. Some of the issues that had been identified and addressed following the most recent overall survey included the need to improve communication with people using the service and improving staff recruitment and retention levels so that there was a stable workforce, meaning that regular staff would visit and get to know people and reduce the number of different staff visiting.

All of the staff and office staff that we spoke with confirmed that they were well supported and felt able to raise any issues or concerns either directly with the registered manager or in staff meetings which were held regularly. They also felt that they provided a good service to people.

Staff knew how to raise concerns and whistle blow. They told us that they had regular reminders in meetings and training about the whistleblowing policy and their rights under it. They were confident that any issues they raised would be addressed.

The registered manager had notified the Commission about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The manager told us they kept up to date with current guidance, good practice and legislation. They said they kept up to date by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent via email by the Care Quality Commission

and other independent supporting bodies.