

Consultus Care and Nursing Ltd

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Inspection report

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Date of inspection visit:
21 January 2019

Date of publication:
20 February 2019

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

The inspection took place on 21 January 2019 and was announced.

Consultus Care And Nursing Ltd domiciliary care agency providing live-in care to people. It is registered to provide nursing care and personal care to people in their own homes. The agency is registered to provide a service to older adults, people living with dementia, mental health, physical disabilities, sensory impairments and care at the end of their life. At the time of this inspection, 17 people received live-in nursing or personal care country-wide in England and Wales.

At our last inspection on 07 and 09 June 2016 we rated the service good. At this inspection on 21 January 2019 we found the evidence continued to support the rating of good overall. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post, who started in September 2018. 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.'

Medicines were managed safely. Action was taken to address any shortfalls that were identified. Nurse and care staff had been trained to administer people's medicines.

People and their relatives felt safe with the nurses and care staff. Staff received training about safeguarding and understood their responsibilities to protect people from harm and abuse. Staff followed the provider's policy and procedure; staff also accessed the local authorities protocol.

Potential risks to people, staff and others had been assessed and mitigated. People were protected from the prevention and control of infection.

There were enough staff with the right skills and knowledge to meet people's needs. Nurses and care staff were recruited safely. Staff felt supported in their role by the management team.

People's needs were assessed prior to receiving live-in support from the agency. Care plans contained specific guidance for staff to follow regarding how to meet people's needs. People were supported to remain as healthy as possible with support from health care professionals. Staff supported people to maintain their nutrition and hydration.

People were involved in their care and staff sought people's consent prior to any care tasks. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew people well and were aware of their likes, dislikes and personal histories. People were treated with dignity; respect and their privacy was maintained. Staff were kind, caring and promoted people's independence.

Care plans were person-centred and responsive to people's needs. Some people that received care at the end of their lives were supported to have a pain-free death. People were supported to maintain contact with people that mattered to them.

People's views were sought and acted on to improve the agency. Systems were in place to enable people to make a complaint.

Systems were in place to monitor the quality of the service people received. Lessons were learnt and action was taken when any shortfalls were identified.

Further information is in the detailed findings below

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 agency remained good.

Is the service effective?

Good ●

The agency remained good.

Is the service caring?

Good ●

The agency remained good.

Is the service responsive?

Good ●

The agency remained good.

Is the service well-led?

Good ●

The agency remained good.

Consultus Care And Nursing Ltd

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.

This inspection took place on the 21 January 2019 and was announced. We gave the service four days' notice of the inspection visit because we wanted to be sure that the registered manager and staff were available; we also required the registered manager to arrange home visits with people. The inspection team consisted of two inspectors, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service. On the 21 January 2019 we visited the registered office, observed care and spoke with people in their own homes and contacted relatives of people using the agency.

We did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make; instead we gathered this information during the inspection. We looked at notifications about important events that had taken place, which the provider is required to tell us by law and the previous inspection report. We used all this information to plan our inspection.

We gained the views seven relatives over the telephone. We visited three people in their own homes on 21 January 2019. Feedback was positive about the quality of care and support that people received. We spoke with six staff, which included two nurses, two care staff, the deputy manager and the registered manager.

We looked at the provider's records. These included three people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment including three staff files. We also looked at a sample of audits, minutes

of meetings, satisfaction surveys and policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the nurses and care staff. One person said, "I am incredibly lucky in that I feel comfortable all the time and it is down to the good care I receive from the girls."

People and their relatives told us medicines were administered regularly from either the care staff or nurses. Staff had been trained and followed national guidance alongside the providers policy and procedure. For example, The Royal Pharmaceutical Society guidance handling medicines within social care. Care plans included guidance and risk assessments to manage people's medicines safely. Records showed people had regular medicine reviews with relevant health care professionals. Medicine errors that were identified were dealt with promptly and competently to reduce the risk of a reoccurrence.

People were protected from the potential risk of harm and abuse. Staff had been trained and were able to describe the potential signs of abuse. All staff followed the providers policy and procedure; and had access to the local authorities protocol for the borough they were in. Records showed concerns had been raised and the registered manager was working in conjunction in the Clinical Commissioning Group (CCG).

Potential risks posed to people, staff and others had been assessed and mitigated. Risk assessments included the potential risk or hazard, the degree or the severity of the risk and then any action that should be taken to reduce the risk. Risks posed to people due to their health were monitored and recorded such as, mobility, continence and skin integrity. Potential risks within and outside of the property had been recorded such as, external lighting, smoke detectors and electrical appliances. Risks to other people within the household had been recorded. For example, if a spouse had a medical condition such as diabetes.

There were enough care staff and nurses to meet people's needs. Safe recruitment practices were followed to ensure care staff and nurses were suitable to work with people. Nurses registration numbers were checked to ensure they were qualified and entitled to work as a nurse. A screening questionnaire was completed prior to interview to ascertain whether prospective employees fit the requirements of the role. For example, that they had at least three years' experience since qualifying as a nurse due to the nature of the role and that they may be lone working and needed to be experienced in different nursing situations.

Staffing was flexible and there was a bank of staff who had been through the recruitment process which the management team then matched to people's needs, not only by skills but also by personality and took into consideration things such as people's hobbies and interests. People and their relatives were given 'pen profiles' of staff prior to booking and given the opportunity to speak to nurses on the phone before they agreed to the booking. Staff usually worked for two weeks at a time and then had a two week break to ensure they were well rested before returning to work again, particularly if the person they supported had high or complex needs. This sometimes was extended depending on the wishes of the person being supported or for continuity, but was agreed with the member of staff in advance.

Accidents and incidents were monitored and recorded. The registered manager used a tracking system to

monitor all accidents and incidents. Staff completed a paper version of the accident which was then investigated by a member of the nursing or management team; to identify any changes that were required to the care plan or risk assessment.

People told us and observation confirmed staff used protective clothing to prevent and control the risk of infection such as, gloves and aprons.

Is the service effective?

Our findings

People and relatives told us they felt the staff were well trained and had in-depth knowledge about their needs. One person said, "They have definitely got the training they need, but if they don't know something they can get it." Comments from relatives included, "They are good. They have the right attitude towards [loved one]. They are all good, they're excellent" and, "I find the nurses helpful, informative and well trained."

Staff were equipped with the skills to meet people's needs. All staff completed the providers induction which included mandatory training such as, safeguarding adults, basic life support, equality and diversity and moving and handling. Nurses were supported to maintain their registrations and complete their continuous professional development training. There were three nurses based at the registered office who were available by phone to provide support and guidance to staff. Staff received supervision on a regular basis dependent on when they were carrying out placements. Appraisals were completed annually. As staff were not always local to the office, these were completed over the telephone with a supporting appraisal document which was completed prior to the appraisal and discussed during.

People's needs were assessed with a member of the management team in partnership with other relevant health care professionals. Relatives confirmed they had been involved in the initial assessment of their loved ones needs. The agency provided people with live in care either from a member of care staff or a nurse. People were supported to stay in their own home with their loved ones with the medical care and support they required. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the assessment, and this was then transferred in the care plan.

People were supported to maintain their nutrition and hydration. Guidance was in place to inform staff of the support people required. Some people followed a specific diet due to their health and this was accommodated. Relatives told us that staff spoke with their loved ones and encouraged them to choose what they wanted to eat. One relative said, "[Loved one] some days will eat all of their dinner and then sometimes they will stop feeding themselves. The carers are very good at encouraging [loved one] to eat." Staff received training in food safety and understood the importance of maintaining a healthy diet.

Staff worked alongside health care professionals to ensure people remained healthy. There was regular liaison between care staff, nurses and the relevant health care professionals. Appropriate referrals were made when necessary for additional health support. For example, a new referral had been made to the memory clinic when the nurses had noticed a decline in the person's health. Nurses had liaised with consultants regarding people's health. Care staff had been present to support people and update health care professionals. A relative told us that the nurses kept them updated with their loved ones' health on a regular basis. Care plans contained detailed information regarding the specific support each person required to maintain their health.

The Mental Capacity Act 2005 (MCA 2005) 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. If a person is living in their own home, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. There was an up to date policy in place covering mental capacity. Staff had received and confirmed their training in relation to protecting people's rights. Staff gave examples of offering people a variety of choices such as, what they wanted to eat or wear. One member of staff said, "The ability to make a decision varies widely, so a person may be able to decide what to wear but cannot run a bank account for example." People told us and we observed staff seeking consent from people before carrying out any tasks.

Is the service caring?

Our findings

People and their relatives told us the staff were friendly, kind and caring. One person said, "They're great, they don't push you, they are just there when you need them." Relatives comments included, "They are just wonderful, calm and very good with [loved one]", "I cannot praise her carers enough they are very professional" and "They are always chatting with [loved one], they talk about different things."

People's emotional needs had been recorded within their care plan for staff to follow. The registered manager told us that due to some people's complex health needs; nurses were required to have a minimum of three years' experience working as a nurse. Compassion and empathy were qualities that were identified during the recruitment process for all staff.

People were supported to be actively involved in decisions about their care. People and their relatives told us they had been involved in the development of the care plan. One person said when asked if they were involved in their care, "Oh yes, I would be very hurt if I wasn't." A relative said, "Consultus Care have been very efficient in the setting up, we have a care plan, they keep me fully informed, communication is five star." People's care plans contained information about their likes, dislikes and personal histories. Observation showed staff knew the people they were supporting well. People appeared very comfortable and happy with their staff. A relative said, "They know [love one] as well as we do like part of our family."

People were supported to be as independent as possible. A relative told us their loved one enjoyed being independent, staff respected and promoted this. For example, staff were aware they needed to cut the person's food into smaller pieces to enable them to eat independently. Another relative told us that since coming out of hospital the nurses had supported their loved one to walk independently again.

People were supported to maintain contact with people that mattered to them. Staff had facilitated social gatherings with family members at the person's request. A relative told us that the care staff had arranged for their loved one to attend a family wedding; which they would not have been able to attend otherwise. The person said, "It makes my life very much simpler. From my point of view, it works beautifully."

People told us and observation confirmed staff protected and promoted people's privacy and dignity. One person said when asked about personal care, "It is done with privacy and when I ask for it, it happens. I have been very well looked after." A relative commented about staff, "They are respectful they will leave [loved one] whilst on the commode and return when required."

Information about people and staff was stored securely within the registered office. Only people that were authorised could access the information.

Is the service responsive?

Our findings

People and relatives told us staff were responsive to their needs and they would recommend the agency to others. One person said, "I am very happy with the service, it all seems to work without me having to stress about it." A relative said, "Yes I would recommend them, they are very responsive, we kept the nurse on whilst [loved one] was in hospital and she visited and sat with [loved one] in hospital."

People's care plans were individualised and personalised to meet their needs. Care plans contained the specific guidance for staff to follow. Care plans and risk assessments were regularly reviewed with people and their relatives. For example, one person's care plan had been reviewed after a week as they had chosen not to have a cup of tea in the morning and they wanted this shared with the staff. A relative told us that the agency had been responsive to their loved ones needs when they had been discharged from hospital early; they said the agency sent the nurse to start earlier than planned. People could be confident that their care plans were specific and informed staff how to meet their individual needs.

Systems were in place to enable people, relatives and others to raise any concerns or complaints they had. People told us they were happy to make a complaint or that their relative would raise a concern on their behalf. How to raise a complaint was included within the terms of business given to people at the start of their support; information was also recorded within the brochure. There had been three complaints recorded in the last 12 months. The complaints were fully investigated and responded to appropriately. Where it was felt that a meeting would be appropriate to resolve the concerns, the registered manager arranged for this to take place and documented the outcome.

When compliments were received about individual staff, the members of staff were informed and had the compliments passed on. For example, the friend of a person who had been supported wrote a letter to commend the member of staff, the letter was acknowledged by the senior management team and the comments shared with the member of staff. Comments included, "I was impressed by the way she looked after not only the patient himself but how she guided his family through the emotional turmoil of his final few days."

Compliments were kept when they were received and included comments such as, "I can hardly begin to describe how grateful I am to you and your company", "Dads nurse was an absolute gem. She was very professional and competent" and "I would like to thank you on behalf of me, my sister and brother on the fantastic care you have given my dad. It has been 5 star, second to none."

People were supported at the end of their life to have a dignified and pain-free death. People were supported to complete an end of life care plan with support from their loved ones. Nurses ensured that people's wishes to remain in their own home were fulfilled. Appropriate equipment and medicines were made available to ensure people remained comfortable and pain-free. Nurses worked in partnership with the district palliative care team to ensure any anticipatory medicines and equipment were in place.

Is the service well-led?

Our findings

People, relatives and staff felt the agency had improved since the new management team were in place. The registered manager was supported by a team of nurses and senior staff who formed the management team. Staff understood their role and who they were accountable to.

The registered manager understood the vision and values of the organisation and said that it was a family organisation and everyone was treated as one big family, including staff and people who used the service. They said that the nominated individual was very involved in the business and they met on a weekly basis. It was also evident from documentation that the nominated individual was involved and had responded to feedback received and commended staff.

Staff were emailed with any relevant communication such as information about the organisation or for reminders as the outcomes of audits. For example, an email was sent out in August 2018 reminding staff to ensure they always used black ink for writing in records and sign the records each time they were completed.

Staff were also given positive feedback and in one staff file there was an email which said that their clients nursing notes had been randomly selected for review and had acknowledged to the staff member that they had been comprehensive, detailed and clearly written and had received an email from the registered manager.

There was a schedule of audits which were due to be carried out every three months by the registered manager. The registered manager had been in post since September 2018 and had started to complete a comprehensive systems audit. The registered manager had made recent changes to the risk assessment for people using the care staff service. Audits included, medicines, staff training, complaints, nursing documentation and an entire systems audit. Each audit generated action plans which were completed by the registered manager and management team. For example, actions resulting from the nursing audit included giving the individual nurses feedback on the MAR records they had completed.

Client satisfaction surveys were sent to people and relatives to gather their opinions on the service they received. In 2018 there had been 14 responses which were completed by people and/or their relatives. The results were collated and analysed and any themes were shared with staff. People were also able to add additional comments and comments received included "An outstanding service was provided by the nurse", "Truly excellent support" and "We are most grateful to you for supplying us with such a kind and competent nurse."

An annual staff survey was sent to staff to gather feedback about the organisation. There had been 44 responses in 2018. The survey covered areas such as job satisfaction, management support and policies and procedures. Responses were positive and staff had requested to work more for the company.

The management team worked in partnership with other agencies to promote a joined-up collaborative

way of working. The organisation had been nominated and became finalists in the 'Skills for Care Accolade' awards 2018. Following 33 nominations the agency was in the final three for the 'Best Endorsed Provider of Learning and Development Category'.