

Standard Nursing Agency and Care Services Limited

Standard Nursing Agency and Care Services Limited - Wembley

Inspection report

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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

We undertook this announced inspection on 22 November 2018. Standard Nursing Agency and Care Services Limited –Wembley is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, nursing care, housework and assistance with medicines. At this inspection the service was providing care for a total of about 52 people including children and adults. The service also provided nurses for NHS community and hospital services. Their nurses working as temporary staff carry out tasks under the direction of nurse managers either in the community or in hospitals. The agency received feedback on the performance of these nurses via comments made in the time sheets completed by nurse managers. The feedback form received by the agency indicated that the nurses were capable. This was also confirmed by managers of NHS services we contacted.

CQC only inspect the service received by people provided with 'personal care' and nursing care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection on 3 May 2016 the service met all the regulations we looked at and was rated as overall Good.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service and their relatives informed us that they were satisfied with the care and services provided. They informed us that people had been treated with respect and they felt safe when cared for by care workers. There were safeguarding children and adult's policy and arrangements for protecting children and adults from abuse. The policies had however, not been updated to include guidance to care workers on ensuring that allegations of abuse were promptly reported to the CQC. These were done soon after the inspection.

The service operated under a set of seven core principles of care, which are reflective of the Principles for Good Homecare as outlined by the Equality and Human Rights Commission. These are privacy, dignity, independence, security, rights, choice and diversity and formed a key part of their staff induction training.

People and their relatives informed us that they felt safe with their care workers. Most of the required risk assessments were in place. The care records of two people did not contain appropriate risk assessments in respect of certain aspects of their care. These were prepared soon after the inspection.

There were suitable arrangements for ensuring that people received their medicines as prescribed. Audit arrangements were in place and the no gaps were noted in the Medicine administration records (MAR) we

examined.

The service had an infection control policy and people and their relatives stated that care workers observed hygienic practices.

Care workers had been carefully recruited and the required pre-employment checks had been carried out. The service endeavoured to recruit a wide range of care workers from backgrounds that matched the diversity of people who use the service. Where possible, they had responded to requests for care workers who could meet the specific preferences of people. New care workers received a comprehensive induction and training programme to enable them to care effectively for people. Support, supervision and appraisals had been provided by senior staff. There were enough care workers to meet people's needs. Teamwork and communication within the service was good.

People's healthcare needs were monitored when it was part of the care agreement. Care workers worked well with social and healthcare professionals.

Care workers were helpful and caring in their approach. They listened to people and were aware of the individual needs and preferences of people. The service had a policy on ensuring equality and diversity. People stated that care workers respected their cultural and religious observances.

People's care needs had been attended to and care workers carried out their duties in accordance with the agreed care plans. There were appropriate and up to date care plans. People and their representatives were involved in care planning. Reviews of care had been carried out with people and those involved to ensure that people received care which met their needs.

The service had a complaints procedure. People knew who to complain to if they had concerns. Complaints made had been promptly responded to.

People who used the service, their relatives and care professionals expressed confidence in the management of the service. Audits and checks of the service had been carried out by the registered manager and senior staff of the company. We noted that these audits and checks were not sufficiently comprehensive as some deficiencies had not been identified and promptly responded to. The service informed us soon after the inspection that action had been taken to improve their checks and audits.

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 remained 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 ●

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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.

The inspection took place on 22 November 2018 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection.

Before our inspection, we reviewed information we held about the service. This included notifications and reports provided by the service and the local authority. The provider completed and returned to us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who used the service and five relatives by phone. We spoke with the registered manager, the managing director of the company, a care co-ordinator, the compliance officer who was also responsible for human resources and seven care workers. We obtained feedback from two care professionals who had been involved with people who used the service. We also received feedback from two NHS managers who used nurses supplied by the agency.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people using the service, seven recent staff recruitment records, staff training and

induction records. We checked the policies and procedures and maintenance records of the service.

Is the service safe?

Our findings

People stated that their care workers took good care of them and they felt safe with them. One person said, "I feel safe with the carers - satisfied with the service and carers. A second person said, "Everything is good. I am happy with the service. The staff are very hygienic." A relative said, "We are very satisfied with the care. My relative feel safe with the carers. They are usually punctual, except a few times." One care professional informed us that the people they supported were well cared for and the administration of medicines was well documented.

Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The contact details of the local safeguarding team were available in the office. There was a safeguarding children and adult's policy and procedure for protecting people from abuse. The policy had however, not been updated to include guidance to care workers on ensuring that allegations of abuse are promptly reported to the CQC. The registered manager informed us that the policy would be updated.

The care records of people contained a section for risk assessments. Identified risks included risks associated with people's environment, falling and self neglect. These were documented in the care records examined. We however, noted that the care records of three people did not contain appropriate risk assessments in respect of certain aspects of their care. A person with epilepsy did not have a risk assessment with guidance for care workers on action to take if the person had a fit or seizure. The records of a second person with behaviour which challenged the service did not have a risk assessment. These risk assessments are needed to ensure that care workers are well informed on how to safely care for people. The registered manager stated that these assessments would be prepared. These were provided soon after the inspection. In addition, the registered manager stated that although the initial risk assessments were not in place, there was guidance to care workers of how to support people with epilepsy and challenging behaviour in the person's support plan. She nevertheless stated that they would ensure that people's risk assessments were comprehensive.

The service had a comprehensive medicines policy for supporting people with their medicines. The seven medicine administration records (MAR) examined had been properly completed to indicate that people had received their medicines. Audits had been carried out by senior staff to ensure that errors made were followed up.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of six records of care workers. We noted that these records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. Nurses employed by the agency had up to date PIN numbers. The service endeavoured to recruit a wide range of care workers from backgrounds that match the diversity of people who use the service. Where possible, they had responded to

requests for care workers who could meet the specific preferences of people.

The service had sufficient care workers to meet the needs of people and this was confirmed by people and relatives. They stated care workers were reliable, mostly punctual and able to meet the needs of people. The registered manager informed us that the service would not accept a new referral unless they could adequately provide for people's needs.

Care workers had been provided with support and essential training. Training provided included health and safety, moving and handling, equality and diversity and safeguarding people.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and the importance of good hygiene. We saw that the service kept a stock of protective clothing such as gloves, aprons and shoe covers in the office. Care workers said they had access to these. People informed us that care workers followed hygienic practices when attending to them and this included washing their hands before preparing meals.

There was a record of incidents and accidents. The registered manager was aware that if accidents were reported, lessons learnt and guidance for preventing further accidents would need to be provided for care workers to ensure the protection of people.

The service had a current certificate of insurance and employer's liability.

Is the service effective?

Our findings

People informed us that care workers were competent and they were satisfied with the care provided. One person said, "The carers did a good job. They usually checked with me and asked my consent if they were not sure about anything." Another person stated, "I am quite satisfied with the staff. They prepare my food. They do it properly. They cook food I want." A relative said, "We are happy with the staff. They do a good job."

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for care workers on the dietary needs of people. However, most people we spoke with stated that they or their relatives prepared their meals. One person stated that their care worker was capable and able to prepare the food they wanted. The registered manager stated that care workers had assisted a person in healthy eating. This person had previously not eaten properly and had lost weight but they had now regained their weight. Care workers informed us that where weight loss has been identified or if people appeared to be unwell they would report this to senior staff in the office so that they could take appropriate action. The stated procedure of the service included reporting this to people's GP and social services.

The registered manager informed us that the service had direct contact with healthcare professionals such as GPs, the hospital discharge team, occupational therapists, physiotherapists and Community Nurses as part of their collaborative approach to service provision. Some of the people who used the service had been referred by healthcare professionals. The service monitored the healthcare needs of these people and attended to these needs where this was part of the agreed care arrangements. For example, where a person had a pressure sore, the care workers worked with the community nurse to assist in changing people's position when they were in bed. We were informed by the registered manager that this person's pressure sore had now healed. One care worker stated that if a person had lost a significant amount of weight, was unwell or had deteriorated, they would inform their manager, relatives or medical staff involved.

The service had a training officer. Care workers were knowledgeable regarding their roles and the needs of people. They had been provided with essential training in areas such as moving and handling, health and safety, equality and diversity, food hygiene, epilepsy, diabetes, dementia and mental health. This was confirmed by care workers we spoke with. Certificates of training were in the records of care workers. New care workers had been provided with a period of induction and were expected to achieve the Care Certificate within three months of appointment. A total of 23 care workers had completed the Care Certificate. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Care workers stated that they found the induction helpful and it prepared them for their roles. New care workers went through a period when they were shadowed by more experienced care workers. This ensured that they received adequate support to carry out their tasks.

Care workers said they worked well as a team and received the support they needed. The registered manager had organised supervision sessions for care workers. Care workers stated that they had received supervision and appraisals. Spot checks of care workers had been recorded. This enabled them to review

their progress and development. Care workers we spoke with confirmed that these took place and we saw documented evidence of this.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). 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 decision made on their behalf must be in their best interests and as least restrictive as possible. We noted that mental capacity assessments had been carried out and documented in people's care records. The registered manager informed us that some people using the service had capacity to make decisions. Those who did not have capacity or lacked capacity had advocates or relatives who could be consulted. They were aware that where needed, best interest decisions would need to be recorded. Where a Court of Protection authorisation was needed, the registered manager stated that they would inform the social worker or care manager concerned. No person who used their service was subject to a Court of Protection order. Information regarding people's mental state was documented in the care records. Details of people's next of kin were also recorded.

Most of the care workers had received MCA training. This was confirmed by them. Care workers had a basic understanding of the MCA. They had been given guidance to follow if a person had difficulties in making decisions about their support. Care workers were aware of the relevance and importance of obtaining consent from people or their representatives regarding their care. They stated that they explained what needed to be done prior to providing personal care or assisting people. They knew that if people did not have the capacity to make decisions then they should refer matters to their manager so that professionals involved and people's next of kin can be consulted.

Is the service caring?

Our findings

People spoke highly of their care workers and described them as caring. They told us that they had formed positive relationships with their care workers. They informed us that they were well treated. One of them said, "Care workers are very good. They talk very nicely and politely. They understand my culture and help me cook my type of food. When they come they take off their shoes." Another person said, "They provide my relative with personal care. The carers are gentle and careful. They protect her privacy and they close door and ensure its private."

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people when providing personal care. They informed us that they did this by closing doors and drawing curtains, using a towel or blanket during personal care to ensure that the person is never fully exposed. They said they would also first explain to people what needed to be done and get their consent. The care records of people contained their communication profiles with guidance to care workers on how people communicated. Care workers were able to communicate well with people and form positive relationships with them. This was confirmed by people and relatives we spoke with.

The service operated under the seven core principles of care, which are reflective of the Principles for Good Home Care as outlined by the Equality and Human Rights Commission. These are: privacy, dignity, independence, security, rights, choice and diversity. These principles featured at the forefront of their staff handbook and formed a key part of their induction training. The service also had a policy on ensuring equality and valuing diversity. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's beliefs, culture and individual background. One person who used the service said that care workers respected her culture and did not wear shoes in their home. Others wore shoe covers when coming into her home. Another person stated that their carer could prepare their Caribbean meals. The registered manager stated that where possible they would provide care workers of the gender that people requested. In addition, the service aimed to match care workers with people they could get along with. This included matching care workers with people with similar interests, the same cultural background or who could speak the same language. One person stated that although the care worker attending to her did not speak her first language, they still managed to communicate very well with each other.

The service involved people and their representatives in preparing and organising care for people. This was confirmed by people and a relative. There was evidence of meetings and discussions with people and their representatives either face to face or via the telephone. Care plans included information that showed people or their relatives had been consulted about their individual needs and the type of tasks people needed help with. We saw information in people's care plans about their choices and preferences. People's care records routinely include information regarding their special interests, background, culture and religion.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells

organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The service had an Accessible information policy. The service had an easy-to-understand version of their service user guide and their feedback questionnaire. Some of their care workers had been trained in Picture Exchange Communication (PECS) and Makaton. Their feedback questionnaires and service user guides were available in other languages and in an easy-to-understand version.

Is the service responsive?

Our findings

People and their relatives informed us that they were satisfied with the care provided and care workers were responsive to their needs. One person said, "We are satisfied with the service. They arrive on time and do their job helping my relative. They get on well with my relative – no complaints." A relative said, "I am happy with the service. I did make a complaint and they sorted it out and the problem did not happen again." Two care professionals stated that care workers were responsive and able to meet the needs of people they supported.

The service provided care which was individualised and person-centred. People's needs had been assessed before services were provided. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. We however, noted that the care record of a person did not contain information regarding their skin condition. This is needed to provide the necessary information at the start of a care package. The registered manager stated that she would ensure that assessments of people's skin condition are carried out routinely.

Care plans had been prepared for people. People and their representatives were involved in planning the care and support provided. They had signed people's care plans to evidence this. Care workers told us that prior to visiting people, they had been informed about the care plan and tasks to be carried out. Reviews of care had been arranged with people and their relatives or representatives. This was confirmed by people we spoke with. They stated that they were involved and able to express their views regarding their care.

We discussed the care of people with dementia with care workers. They were able to inform us of specific issues which may be experienced. These included people having poor memory. They said they would explain things to people and repeat words slowly and clearly. They also stated that if people did not want personal care provided, they would give them time and try again. However, if the problem persisted, then they would contact senior staff for guidance on action to take.

Some people using the service had diabetes. Care workers were knowledgeable regarding the dietary needs of people and the problems which people may experience. They stated that if people showed signs of deterioration in their condition, they would inform senior staff in the office so they can alert the person's doctor.

The managing director informed us of examples of good practice in which they assisted a person to view and access a place with a local housing scheme and helped this person to look at joining a local gym. They had also worked with another organisation to assist a person who had mental health issues to access local amenities.

The service had a complaints procedure and this was included in the service user guide. People and their relatives told us that they knew how to complain and had the phone number of the office. However, with one exception, they stated that they were satisfied with the services and had no need to complain. One person was not satisfied with an aspect of the service. Their complaint was relayed to the registered manager who stated that they would be looking into the matter. We examined the complaints record and

noted that complaints examined had been promptly responded to.

Is the service well-led?

Our findings

The service had a quality assurance system for assessing, monitoring and improving the quality of the service. Spot checks had been carried out by senior staff to ensure that care workers performed their duties as agreed in the care plans. There was a call monitoring system to check on the punctuality of visits to people. Checks on the care provided had been carried out by the care co-ordinators who carried out spot checks. Audits had been carried out by the registered manager and senior staff in areas such as Training, medicines administration, care documentation, complaints, accidents and incidents. Evidence of these were seen by us.

The checks and audits were however, not sufficiently effective and did not identify and promptly rectify some deficiencies we noted. The records of two people did not contain appropriate risk assessments in respect of certain aspects of their care. One of them had epilepsy, another had behaviour which challenged the service. Risk assessments are needed to ensure that care workers are well informed on how to safely care for people. The care record of a person did not contain an assessment of their skin condition. This is needed to provide the necessary information at the start of a care package. We also noted that the safeguarding policies had not been updated to include guidance to care workers on ensuring that allegations of abuse were promptly reported to the CQC.

The registered responded promptly and took action to ensure that the risk assessments were in place and the safeguarding policies were updated. She also informed us that their initial assessments had been updated to ensure they were comprehensive. In addition, the registered manager stated that there was guidance to care workers of how to support people with epilepsy and challenging behaviour in the person's support plan.

People and their relatives expressed confidence in the management of the service and informed us that they could approach senior staff when they wanted to. One person said, "The staff from the office have phoned me to check if everything OK. They have helped me very much." A relative said, "The carer is wonderful. The supervisor has visited and done checks in the last six months." Two care professionals informed us that they had confidence in the service and they had no concerns regarding the care provided.

The service managed care workers well and the feedback we received from care workers was positive. They informed us that the service was well managed and management staff were supportive and approachable. They indicated that morale was good and they had received guidance regarding their roles and responsibilities. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity, being caring towards people and providing a good quality service. The registered manager informed us that there was a reward and recognition scheme for outstanding care workers.

The service had a system for ensuring effective communication amongst care workers. Care workers informed us that there were meetings where they were updated regarding the management of the service and discussed the care of people. The service had a management structure in place with a registered

manager supported by the managing director, a training officer, two care co-ordinators, a human resources officer and a team of care workers. There was a team of administrative staff in the office who provided support to the registered manager and managing director. The registered manager was also the finance manager of the service.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, code of conduct and health and safety.

The service had carried out a recent satisfaction survey of people in 2018. We noted that the feedback was mostly positive. It indicated that people who used the service and their relatives were satisfied with the services provided. There was an action plan in response to the findings.

The service kept a record of compliments received. One person said, "We praise our carer constantly. She is not only kind, matured and empathetic, she is remarkable at her job!" Another person wrote, "The overall care has been superb and I have no complaints. The patience and understanding showed by the carer is consistent and much appreciated." A third person wrote, " My needs are fully met, my care is always reviewed. I am receiving the right care and treatment, I have progressed, grown and improved mentally and physically a great deal' A relative wrote, " the carer is so nice, respectful and kind. She's always on time. When my relative explained how they wanted the work to be done, that's way it was done.'