

Greys Nursing Limited

# Greys Nursing Limited

## 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 inspected Greys Nursing Limited on 26 September 2016. The provider was given three days notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to ensure the registered manager can be available.

The last full inspection took place on 27 June 2013, when we found the service was meeting the regulations we looked at.

Greys Nursing Limited is predominantly a nurse agency providing nurses and care workers to hospitals and the care sector. They are currently providing a domiciliary care service to six people in their own homes. At the time of our visit only two people were receiving a personal care service. It is the 'personal care' element of the service we regulate. There was 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 who used the service told us they felt safe with the care they received. We found there were appropriate systems in place to protect people from the risk of harm.

Robust recruitment processes were in place and followed, with appropriate checks undertaken prior to staff working at the service. This included obtaining references from the person's previous employer as well as checks to show staff were safe to work in the care sector.

We found that people were provided with care and support by staff who had the appropriate knowledge and training to effectively meet their needs.

Staff had opportunities for on-going development and the registered manager ensured they received induction, supervision, annual appraisals and training relevant to their role.

The staff we spoke with were able to describe how individual people preferred their care and support delivered and the importance of treating people with respect in their own homes. We saw care plans were in place, which had been agreed with people using the service, to ensure people received the care and support they wanted.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received a consistent service from regular carers who they liked and found caring and helpful. People told us the registered manager was approachable and they would be able to talk to them if they had any concerns.

There were systems in place to get feedback from people who used the service to see if any improvements could be made and various audits to monitor the 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.

Action was taken to mitigate any identified risks and staff understood how to keep people safe.

Safe recruitment procedures were in place, which ensured that only staff who were suitable to work in the service were employed. There were enough skilled and experienced staff to support people and meet their needs.

Policies and procedures were in place to ensure if people needed help with their medicines this would be done safely.

### Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to their job role, which was kept up to date. This meant they had the skills and knowledge to meet people's needs.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare needs were met.

### Is the service caring?

Good ●

The service was caring.

Feedback about the quality of care provided was positive.

People were supported by regular care workers. This consistency enabled care workers to develop meaningful relationships with the people they supported.

People told us staff were caring and respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and care plans were reviewed annually, unless people's needs changed before this.

There was a complaints procedure in place, which people were aware of.

### Is the service well-led?

Good ●

The service was well-led.

People told us they would recommend the service and that the registered manager and staff were very professional.

There were systems in place to get feedback from people who used the service to see if any improvements could be made.

# Greys Nursing Limited

## **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.'

The provider was given three days notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available. The inspection was carried out by one inspector.

At the time of inspection the service was providing personal care and support to two people.

Before the inspection we spoke with the two people using the service, one relative and two care workers. We also reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the local authority contracts and safeguarding teams.

During the visit to the provider's office we looked at the care records of people who used the service, staff recruitment files, training records and other records relating to the day to day running of the service.

We also asked the provider to complete 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. The registered provider returned the PIR and we took this into account when we made judgements in this report.

# Is the service safe?

## Our findings

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. These included ensuring a Disclosure and Barring Service (DBS) check was made and three written references were obtained before new employees started work.

The registered manager told us sufficient care staff were employed for operational purposes. They also told us they would not offer a service to any new customers until they had enough staff in place to cover the visits. People who used the service told us they received support from the same group of carers which helped to ensure continuity of care. Our review of records, discussions with people who used the service and staff, led us to conclude there were sufficient staff to ensure people's needs were met and that people received consistent care.

One person who used the service told us, "I feel safe with every one of them." Safeguarding procedures were in place. The registered manager demonstrated a good understanding of safeguarding and how to identify and act on concerns. They told us about one safeguarding referral they had made, which showed us they had responded appropriately to a specific issue.

Staff had received safeguarding training. The staff we spoke with had a good understanding of how to identify and respond to any suspected abuse or concerns they had about people's wellbeing. People who used the service were regularly asked if they had any concerns about the service through quality assurance questionnaires and informal contact with the registered manager and office staff. This provided people with opportunities to report any concerns they had. This demonstrated that the provider had appropriate arrangements in place to help reduce the likelihood of abuse going unnoticed and help protect people from the risk of abuse.

We saw environmental risk assessments in relation to people's home environment were in place to ensure the safety of the individual and staff. When a risk had been identified action had been taken to mitigate the risk. For example, the removal of rugs which were posing a trip hazard.

We saw further risk assessments were available in relation to moving and handling and skin integrity should they be required.

We asked people using the service if they received assistance with their medicines. One person told us they managed their own medicines and care workers just said, "Don't forget to take your tablets."

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave care workers guidance on their roles and responsibilities. All of the care workers had received medication training, so if people needed support with their medicines they would be able to assist.

## Is the service effective?

### Our findings

We asked people using the service and relatives if they felt staff had the right skills and experience to provide them with care and support. One person who used the service told us, "They [care workers] are well trained and know what they are doing." A relative said, "They [care workers] are very professional."

The registered manager explained they only recruited staff who had experience of working in the care sector. At a minimum they would expect staff to have completed the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe and compassionate care. It is aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification). Staff were then able to progress through other care qualifications to further their career.

Staff we spoke with told us training opportunities were good and that their training was kept up to date. The registered manager explained the system they used alerted them two months before training was due to be updated so they could book staff on the relevant courses.

The registered manager provided all staff with supervision every eight weeks and an annual appraisal. These sessions gave staff the opportunity to discuss their on-going personal and professional development. Staff we spoke with confirmed this happened and told us they felt supported in their roles.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and that staff had an understanding of how these principles applied to their role and the care they provided.

One person who used the service told us care workers prepared their breakfast for them and said they usually had the same things every morning. However, they said if they wanted something different care workers would make them whatever they wanted.

We saw the provider had a food and nutrition policy and procedure in place for staff to follow, if someone needed specific support to meet their nutritional needs.

We asked people using the service if care workers provided support to make sure their health care needs were met. One person told us, "They had to call an ambulance for me once and stayed with me until it



arrived. If I needed them to 'phone for the district nurse or doctor they would do it." A relative told us, "They have let me know if [name] has been unwell." Care workers told us in an emergency they would call for an ambulance. Otherwise they would contact GP's, district nurses or the registered manager for advice. This showed us staff knew what action to take to make sure people's healthcare needs were met.

## Is the service caring?

### Our findings

Both people who used the service were perfectly satisfied and happy with the care workers who provided their care and support. One person told us about their three care workers, "Every one of them is lovely and they do a really good job. [Name 1] is very strong and very good, they don't miss a thing. [Name 2] is just as good and [Name3] is only young but has patience and is everything I could wish for." The other person told us they had one care worker, with whom they had built up a good relationship. The relative we spoke with told us staff were friendly and they were very happy with the service being provided.

The care workers we spoke with knew people well and understood how they liked their care and support to be delivered.

The two people using the service told us staff treated them with respect and were mindful of their privacy and dignity. For example, one person told us care workers waited outside of the bathroom when they were using the toilet until they were ready for assistance. We saw from the satisfaction surveys returned in August 2016 one person had stated, "Each one [care workers] I have had respects me and my age."

We saw from the daily records the registered manager had telephoned people before Christmas to arrange to deliver their Christmas cards and present. We also saw people had been contacted to wish them a 'Happy Birthday.'

We saw in the care plans what tasks people could undertake independently and identified the areas where people required support. This showed us care workers were enabling people to maintain their independence. We saw in one of the satisfaction surveys one person had stated, "My independence is very important to me and your help keeps me so."

We saw there was a policy regarding confidentiality and staff signed to confirm they had understood this when they first started working for the service. People who used the service were given information about confidentiality in the 'Service user guide.' This showed us people could be assured personal information would be held securely.

## Is the service responsive?

### Our findings

The registered manager told us they would only provide a service for care packages which required visits of one hour or over, in order to provide a quality service. When someone approached Greys Nursing Limited for a domiciliary care service the registered manager and a care worker visited them to discuss their care and support needs.

A care plan was then formulated with the person and/or their relative so care and support could be provided in line with their wishes. Care workers told us care plans were available in people's own homes and these were up to date.

We looked at the care plans for both people who were using the service. We found them easy to follow and they gave clear information about what care workers needed to on each visit. The daily records showed care and support was being delivered in line with the care plan.

We saw care plans were reviewed annually, unless people's needs changed or they requested a change to their plan.

The service had a 'Complaints policy and procedure' leaflet which was given to people when they first started using the service. People we spoke with all told us they would be able to raise any concerns with the registered manager. A relative told us they had contacted the office regarding an invoice and their query had been responded to straight away. The service had not received any formal complaints.

## Is the service well-led?

### Our findings

We asked people using the service and relatives about the management of the service. These were some of the comments they made; "I would recommend them, they know exactly what I like." "[Name of registered manager] is brilliant." "They are very professional and I would recommend the service."

We asked staff if the service was well-led. One care worker told us, "[Name] is a lovely manager. I have recommended the service and it is nice to work for." Another care worker said, "I would recommend the service and [name of registered manager] is very approachable."

The registered manager sent out satisfaction surveys every three months to get people's views about the service. We looked at the surveys which had been returned in August 2016 and these showed a high level of satisfaction with the service. We noted one person's comments were as follows; "Your agency is worthy of praise. Your staff are kind, thoughtful and I appreciate the help I receive."

The registered manager also contacted people approximately every eight weeks by telephone to check they were still happy with the service. This showed us people's views were actively being sought to see if any improvements to the service could be made.

The registered manager had systems in place to audit care plans, daily records, medicine administration records (if medicines were being given) and staff training. This meant checks were being made to ensure documentation was being completed appropriately and staff training was being kept up to date.