

Advantage Nursing Agency Limited

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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

This inspection took place on 28 November 2016 and was announced.

Advantage Nursing Agency Limited provides personal and nursing care to people who live in their own homes. The service employs both registered nurses and care workers to provide support to people. At the time of our inspection the provider confirmed they were providing personal and nursing care to 3 people.

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.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse. Staff told us they were confident that if they reported abuse, the correct actions would be taken by the service.

People had detailed risk assessments in place to enable staff to support them with all their healthcare needs, and be able to remain as independent as possible. Staff understood positive risk taking and promoted this with people..

Staffing levels were adequate to meet people's current needs. We saw that enough staff were being employed to cover people's needs appropriately.

The staff recruitment procedures were robust and ensured that appropriate pre-employment checks were carried out. This meant that staff suitable to the role worked at the service.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Staff were confident that the training they received enabled them to work safely with people.

People told us that their medicines were administered safely and on time. Staff were all trained in medication administration.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. Staff were happy that they were being regularly supervised and supported.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

Where possible, people were able to choose the food and drink they wanted and staff supported people

with this. People were supported to access health appointments when necessary and receive input from a variety of health professionals as required.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff understood people's likes, dislikes and preferences.

People were involved in their own care planning and were able to contribute to the way in which they were supported. When people could not be involved in their own care planning, family members were involved on their behalf.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed. The service regularly sought feedback from staff and the people using 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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good 

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink wherever possible, and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good 

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good 

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

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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 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 28 November 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, the provider completed 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 also reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with one person who used the service, one relative of a person that uses the service, two support workers, two nurses, the clinical manager, and the registered manager. We reviewed three people's care records to ensure they were reflective of their needs, six staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe whilst being supported by staff. One person said, "Yes I feel very safe, they are very good." A relative of a person said, "Absolutely safe, without question." All of the staff we spoke with told us they tried to make sure that the people they supported always felt safely cared for.

All the staff we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "If I had a concern about safeguarding and abuse, I would speak to the manager and I know it would be dealt with. I can obviously go to the Police or Care Quality Commission (CQC) as well." Staff also had a good understanding of whistleblowing procedures and we saw that training had been completed in these areas. The registered manager was aware of the requirement to notify CQC about incidents as required.

People had risk management plans in place to protect them from avoidable harm. One person told us, "I am happy with the risk assessments and the way that staff support me." The risk assessments we saw detailed the risks presented, any equipment used in the process, and recommended actions for staff to follow. When risks were identified they were given a calculated score to monitor the level of risk. Moving and handling, the environment, medication, nutrition, weight, and health were all areas that were assessed for risk. The risk assessments we saw gave staff members clear actions to take should certain situations occur. All the risk assessments we viewed had been monitored and updated to reflect any changes necessary.

Safe recruitment practices were followed. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. One staff member said, "I was not able to start work until all the appropriate checks had come back." We saw that the service maintained a record of all staff members DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks.

There were enough staff working for the service to cover the shifts required appropriately. The registered manager told us that they employed both registered nurses and support workers. This is because the service regularly took on care packages that required nursing and end of life care. At the time of inspection, there were three people using the service, all of which were long term clients. We saw they received care from a consistent staff team and were able to see the same staff regularly. One relative said, "I have had the same staff for nearly twelve years, it's very consistent." The service supported people for a minimum of six hour visits and the rotas we looked at confirmed that the staffing levels were consistent.

Medication was administered safely by trained staff. A relative told us, "It's mostly the staff that help [Person's name] with medication, although I do some of it. I am very happy with the way they are supported and I wouldn't change a thing." Medication administration records (MAR) were completed by all staff who administered medication. These records showed the type, frequency, route and dosage of medication and were filled in accurately by the staff. The completed MAR charts were kept securely at the office and were audited by management on a regular basis.

Is the service effective?

Our findings

The staff had the skills and knowledge to support people effectively. One relative told us, "They are fantastic, they know exactly how to support [Person's name], I can't speak highly enough of them." All the staff we spoke with felt that the training and support that they received enabled them to care for people effectively.

All staff received an induction when they first joined the service. A staff member told us, "I spent time looking at the policies and the paperwork, I completed my mandatory training courses, and then I spent time with other more experienced staff getting to know the clients." The registered manager told us that all the staff were qualified to a minimum of NVQ level 2 in care when starting with the service. All the staff we spoke with confirmed that they had gone through this induction process and we saw evidence within their files. We saw that all staff received on-going training to keep their knowledge and skills up to date.

Staff members were given supervision to support them in their roles. The registered manager told us, "I am a qualified nurse and I also do shifts to fill in for staff when needed." This meant that the registered manager understood clearly the tasks that the staff members had to undertake and was able to supervise them effectively. One staff member said, "Yes I receive regular supervision from the manager, it is very worthwhile and helpful." We saw that supervision was carried out in the form of both one to one meetings and observation of practice. Records of the supervisions were kept and covered areas such as work standards, training, communication, knowledge and skill.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection.

Staff made sure to gain consent from people before carrying out any care tasks. One person told us, "Yes the staff always ask me first, they do a good job at communicating with me." One relative told us, "They talk to [Person's name], and they ask me also because [Person's name] cannot always reply. We saw that where possible, people had signed consent to care forms within their files, or family members had signed on their behalf.

People were supported to maintain a healthy diet when required. A staff member said, "The people we currently support are all fed via percutaneous endoscopic gastrostomy (PEG) tube. This means that nutrition is monitored very closely along with all general health and wellbeing. We have supported other people in the past with other food and dietary requirements. We do whatever they require." We saw that detailed records were kept about people's intake of food and fluids.

The people being supported had complex health needs, and the service provided them with the support

they needed. One relative told us, "We get all the right support, when we need it." Detailed care plans and risk assessments were in place to cover each person's specific needs and staff members were trained to support them. The service mainly employed trained nurses to deliver the complex care and support that people required, and care workers were employed to support as appropriate. We saw that staff monitored and recorded food and fluid intake, seizure records, temperature, pulse, respiration and mouth care. Support to access other healthcare services and professionals was also given with multi-disciplinary working in place with G.P's, dieticians and PEG nurses.

Is the service caring?

Our findings

The staff all had a caring approach to the people they worked with. One person said, "Yes they are very kind and caring." A relative told us, "We have had these staff for a long time now; they are basically like family to us. I always thank them for doing such a good job, we are very happy with the care that is given." A staff member said, "We have got to know people over a long period of time, and their families. We have been able to develop great relationships." We saw that one person had nominated their staff to receive an 'Asian Voice badge of honour' for the support that they received. The award described the quality of care given as with kindness, compassion and delivered in a highly professional way. It went on to describe the high level of welfare achieved for the person, and how the staff had been true advocates for the persons care and needs.

Staff were knowledgeable and aware of people's preferences. All the staff we spoke with had an excellent knowledge about the people they were supporting, their routines, likes and dislikes. A staff member told us, "We find out as much as possible about people. It can be difficult sometimes to do so with short term end of life care, but we speak with families and find out information." We saw that the people being supported by the service were long term clients and had detailed information within their files about likes, dislikes, routines and preferences. People had a 'pen portrait' section which covered their basic information as well as their family history and medical background. This enabled staff to get to know people and develop positive relationships.

People or their family were involved in their own care planning. One person said, "Yes I am involved in what goes on." A relative told us, "I am always kept informed of any changes and asked my opinion." Staff told us that they each had keyworker responsibilities for certain individuals, which meant they took a lead role in communication and updates with the person and their family. We saw that regular reviews had taken place with people and their families to make sure that everyone was happy with the care being received and to discuss any changes that may be required.

People's privacy and dignity was respected by all the staff. One person told us, "The staff always respect my privacy." A relative told us, "They are very good; they always make sure that [Person's name] is covered when they do personal care. A staff member said, "It is very important to respect people's privacy and dignity. We have worked with these people for a long time, I don't think we would be able to if we did not respect them." We saw that within people's care plans there were reminders to staff to respect people's privacy when supporting with certain tasks.

People and their family's needs and wishes were respected and honoured by the service. The registered manager told us, "We make sure people are matched up with staff that have the correct skills to care for them, and we respect people's wish to be supported by female or male staff." The people we spoke with confirmed that they were happy with the staff that supported them and they felt listened to by the service.

We were told that people could be supported to use advocacy services were required. Nobody using the service was currently using an advocate.

Is the service responsive?

Our findings

The service carried out pre assessments for all people using the service. The clinical manager told us that they would go out to visit a person or their family and carry out the assessment. They would liaise with all other health professionals involved with the persons care and assess whether the service was able to provide the care that was required. Care would then regularly be monitored and reviewed to make sure that the needs of the person were being met. We saw paperwork within people's files that confirmed thorough assessments had taken place.

Care was personalised to each individuals needs and staff understood the specific requirements that each person had. One person told us, "I think the staff know me well and know what I like." One staff member said, "The healthcare needs are very complex and different for each person. We take a lot of time training to each person's needs and making sure we get it right." We saw that each person had a detailed care plan, risk assessments and guidance that explained their specific needs. Personal history, medical history, likes, dislikes and preferences were all recorded.

Reviews of care plans and risk assessments regularly took place to ensure the information contained was up to date and relevant. One relative said, "We have plenty of opportunity to speak with staff and management, and review and make changes if needed. They are always checking." We saw that the registered manager conducted three monthly visits to each person when staff were present. This enabled the registered manager to conduct a review of the persons care with the person or their family members, as well as a spot check on the staff to observe their practice with the person. We saw records to show that these reviews had taken place as well as records for formal reviews involving other healthcare professionals.

Staff respected and encouraged the relationships that people had with those that mattered to them. One relative told us, "I don't know what I'd do without them. They are so kind to me and [Person's] name and very respectful of us both." One staff member said, "We spend a long time supporting people in their own homes, so we must develop positive relationships with people's family. We respect the care that they wish to deliver themselves and support them as much as possible. We saw that people had information about their family contacts, history, and their preferences for support with these relationships, documented within their files.

People received care they needed without being rushed. One person said, "No I don't ever feel that I am being rushed." The registered manager told us, "We only deliver care for a minimum of a six hour visit, although there have been some exceptions to the rule to allow flexibility for some people and their financial situation. We do not do quick calls, so our quality can remain high and people can take plenty of time in doing things at their own pace." We saw that people were receiving support from staff that matched the appropriate ratio and plan on the staffing rota that had been devised.

A complaints procedure was in place that was being used by people. We saw that the complaints and comments procedure was present within a file and that when any complaints had been made, they had been responded to promptly and appropriately to the satisfaction of the person making the complaint.

Is the service well-led?

Our findings

People were able to speak with the managers at the service as and when they needed to. One person said, "I know I can speak with management whenever I like. I use email to contact them and ask questions. They respond very quickly to me." A relative said, "I see the manager regularly and I also know the owner of the company." We saw that the registered manager and the clinical manager both had an excellent knowledge of the people the service supported and the staff team strengths.

Staff members told us that they received positive support and leadership from the management. One staff member said, "I feel very supported, the registered manager covers shifts and she knows exactly what we do. She is a very good manager to work for." Another staff member said, "It's a great company to work for, I love my job." The registered manager and clinical manager told us that they make sure to communicate with staff as much as possible. We saw that the service had implemented a web portal that staff could log in to from any online location, with their own passwords. This gave them constant access to service policies, procedure, training information and handbooks. The staff we spoke with told us they found this to be a very useful and efficient way of accessing information.

We saw that the service had a staff structure that included registered manager, clinical manager, administrator, nurses and carers, and that people were aware of their responsibilities. The staff we spoke with were aware of the visions and values of the service and felt positive about the continuing development of the service. One staff member said, "I would not have worked here for so long if it was not a good place to be."

Incidents and accidents were reported accurately by staff. We saw forms that showed detailed recording and a managers response and actions to each incident. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

Staff were able to regularly update their knowledge via training sessions provided by the service. The registered manager told us that they used a mix of both in house training sessions and online e-learning to enable staff to build their knowledge and skill. The staff we spoke with said they valued the training opportunities and felt they were worthwhile for their roles. We saw that training opportunities and personal development were raised within staff supervision and team meeting minutes, which occurred regularly.

We saw that quality control was implemented. The registered manager informed us that the service had quality assurance systems in place that were used to monitor and improve the quality of the care provided. We saw that feedback monitoring questionnaires had been sent out to people using the service and staff members. The management had evaluated the information received and taken action where needed. We saw other audits regularly took place within the service in areas such as medication and care planning. The registered manager also told us that they carried out observations on staff which involved supervisory practice, to ensure they were meeting the standards the service had set. □