

Nurses Friend

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nurses friend is a domiciliary care service providing personal care to people with dementia, learning disabilities, mental health, physical disabilities, autistic people, older people, younger adults and children. At the time of the inspection 10 people were being supported.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support: Risk assessments and associated care plans were not consistently in place to mitigate risks to people. Medicines were not managed safely. Systems and processes had not consistently protected people from the risk of neglect due to missed carer visits. However, staff understood the signs of abuse and how to report it to protect people.

Staff were not recruited safely in line with the regulatory requirements but disclosure and barring [DBS] checks and reference checks were completed.

People were protected from the risk of infection and staff used personal protective equipment [PPE] appropriately in line with the latest government guidance. Accidents and incidents were recorded and action taken where needed to prevent reoccurrence.

People were leading their care and making their own decisions. Regular teams of care staff meant that care staff understood people's needs and people were listened to and their independence supported. People were supported to take part in social activities of their choosing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Staff had not consistently received the training and support needed to ensure people's needs could be met. Systems and processes did not support smooth transitions into emergency care, a system was implemented following the inspection. People told us that they felt well treated and supported. However, some improvement was required to ensure person centred information was consistently recorded

for everyone to ensure staff had the information and guidance they needed.

There was evidence of partnership working and seeking guidance from other health care professionals to meet people's needs. People were supported with eating and drinking where required. Initial assessments took place to ensure that the service could meet people's needs prior to admission into the service.

Right Culture: Systems and processes were either not in place or not effective in maintaining oversight of the safety and quality of the service and identifying concerns and areas for improvement. The provider had not always sought feedback from people to help with driving improvement and staff did not always have opportunity to share ideas. Peoples communication needs were not consistently clearly recorded for care staff guidance.

A process was in place for managing complaints that hadn't been fully followed. However, people told us they would be comfortable to raise complaints with the provider and felt they would be listened to. Information could be made available in other formats to ensure it was accessible to all. The provider understood the requirement of the duty of candour. The provider had worked with other professionals where required to support people and was keen to work in partnership to drive improvement in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was inspected but not rated (published 12 April 2017). This was because the service was only supporting 1 person with personal care so there was not enough evidence or information available to support a rating at that time.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to the safety of care provided, staffing and recruitment of staff and the managerial oversight of the safety and quality of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Nurses Friend

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 December 2022 and ended on 25 January 2023. We visited the location's office 14 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used information gathered as part of monitoring activity that took place on 5 December 2022 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 1 relative of a person using the service, about their experience of the care provided. We spoke with 5 members of staff including the nominated individual who is also the registered manager and 4 care workers.

We reviewed a range of records. This included 3 people's care records and a variety of records relating to the management of the service, including policies and procedures. We looked at 2 staff files in relation to recruitment.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was inspected but not rated. At this inspection we have rated the service requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Systems and processes to safeguard people from the risk of abuse

- Risk assessments and associated care plans were not consistently in place for staff guidance. Environmental risk assessments had not been completed for people at the time of admission to the service. This meant the provider could not be sure if there were risks in the environment that needed to be considered and mitigated when delivering care.
- Where risk assessments were in place, they had not always been updated to include current information and guidance for staff. One person's risk assessment included moving and handling equipment that was no longer in use and the risk to them of pressure sores had not been identified, therefore strategies were not in place to reduce the risk.
- Medicines were not managed safely. Where staff were administering medicines to people there were no medicine charts [MAR] or care plans and risk assessments in place for guidance and support. For example, where one person was given eye drops by staff, there was no record of the name of eye drops, what they were for, which eye they were for or how often to give them. Some people were having creams applied with no details of how to apply or how often. This meant there was an increased risk of medicine errors.
- Systems and processes had not consistently been in place to protect people from abuse. The providers on call system was not effective in monitoring for missed carer visits outside of office hours. We found the system failure meant 1 person had not received planned care for 3 days; the registered manager had been unaware of this incident until alerted by a family member. The registered manager provided reassurance to the Care Quality Commission [CQC] that they had improved their system to prevent future missed carer visits, this would need to be continued and embedded into practice.

The provider had not consistently ensured that care and treatment was provided in a safe way. This was a breach of regulation 12(1) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Work was underway on assessing risks and completing risk assessments in preparation for migration to a new electronic system which would be live for staff to access. This would need to be continued and implemented.
- Staff were trained and understood the principles of safeguarding. Staff told us they knew the signs of abuse and how, where and when to report any concerns. The provider had a safeguarding and whistleblowing

procedure in place for staff guidance, staff told us they could access this via the providers app [mobile application]. People told us they felt safe with the staff team.

Staffing and recruitment

- Staff were not consistently recruited safely in line with the regulatory requirement.
- The provider had collated limited information on staff to ensure a robust recruitment process. We found that full work history had not been sought, gaps in employment were not explored and health declarations were not completed to ensure candidates were suitable for the role or to check if any reasonable adjustments may be needed to ensure the safety of people being supported.

The provider had not consistently ensured a robust system was in place to ensure only suitable candidates were employed. This was a breach of regulation 19(1) Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed reference checks and Disclosure and Barring service (DBS) checks to ensure no previous concerns about employment or character had been raised and to check for criminal convictions. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in infection prevention and control and protecting against and preventing the spread COVID-19.
- Staff had access to enough supplies of appropriate PPE and understood the requirements around wearing it. People told us that staff used PPE while supporting them.

Learning lessons when things go wrong

- There was a system in place for staff to report accidents and incidents. There was evidence of 1 reported incident that had been followed up appropriately by the office team to ensure potential of harm was prevented.
- The provider was in the process of installing a new electronic system that would allow for monitoring of trends and patterns of accidents and incidents as the service grows.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection this key question was inspected but not rated. At this inspection we have rated the service requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not consistently been well supported. The provider could only evidence 1 new staff member induction and there was no evidence of shadow shifts completed for new staff. There was no evidence that staff had received regular 1:1 supervision as per the providers policy and procedure. Two staff members told us they had not had or been offered any supervisions. This meant the provider could not be sure that staff had the skills and knowledge needed to support people before they started working with them.
- We were not reassured that all staff had received appropriate training to deliver some of the care people needed. For example, records showed that some staff supporting people with their catheter needs had not received training in this area. We also found that staff supporting people with a learning disability or autism had not had training in this area of expertise.
- Staff had received online training in administering medicines but their competency had not been checked in practice to ensure they could give medicines safely and in line with good practice guidance. MAR charts and care plans were not in place to support staff with safe administration of medicines.

The provider had not consistently deployed suitably qualified, competent, skilled and experienced staff to make sure that they could meet people's care and treatment needs. This placed people at risk of harm. This was a breach of regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Systems and processes were available but not yet in use to support a prompt handover and smooth transition into emergency services. We discussed this with the provider who following the inspection started using a handover record with essential information. This would need to be continued and embedded in practice.
- The provider was keen to work in partnership with other health care professionals to achieve positive outcomes for people. For example, we saw that staff had worked with an occupational therapist to gain knowledge and experience in supporting a person's needs.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Care staff told us they had received online training in MCA and demonstrated a good understanding of the principles. A staff member explained how they sought consent for care prior to delivery and had a good understanding of respecting people's right to refuse care. However, staff training in this area was not evidenced in the providers records.
- We found that a care coordinator had fully completed a mental capacity assessment unnecessarily for a person who they had already established had capacity, we found no evidence of impact on the person.
- Where 1 person was not able to make some decisions for themselves and were being supported by their family, the provider worked in partnership with the family regarding best interest decisions and consent. The persons care plan also contained information on how they would communicate a refusal of support in some areas.
- People told us they were leading their care and making their own decisions and staff were respectful of that.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with food and drink where required.
- People told us that they were happy with the care they received with meals. One person told us staff made them whatever they chose and another person told us staff made sure they had a drink at each visit.
- Care plans prompted staff to leave fresh drinks within easy reach for people who were less mobile.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments were completed prior to people starting to use the service. The provider also worked in partnership with care commissioners to collate the information needed to meet people's needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection this key question was inspected but not rated. At this inspection we have rated the service requires improvement.

This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We were not reassured that people were always well treated and supported. For example, risk assessing and care planning needed improvement to ensure people received safe care and support. However, people told us they were well treated by care staff who were kind and caring. One person said, "Carers are excellent on the whole and conscientious without fail." A relative told us how a person was relaxed around care staff and was building good relationships.
- Peoples religion and culture was recorded but there was inconsistent detail for staff guidance. For example, 1 person's care plan said that their faith was important to them but didn't advise staff on supporting the person in this area.
- Information about how to support people with expressing their sexuality was more detailed for some people than others. One person's care plan contained good detail on how they liked to dress, their image and how they liked to present themselves. Another person's care plan just included supporting them with appearance and personal hygiene, but no details. This meant staff did not consistently have guidance on supporting people's preferences.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in decision making, they had been involved in their initial care plan and this was available in their home, or for 1 person via an online portal.
- One person told us their needs had changed and they had spoken with the provider who had agreed to go out and reassess the person. This had made them feel involved in decision making about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their privacy and dignity while providing care and support. This included closing doors, curtains and providing privacy in the bathroom where people were independent in this area. Staff demonstrated a good understanding of privacy and dignity and respecting people's home and family life.
- People were encouraged to be as independent as possible. One person told us how staff had decreased support appropriately as the person had become more independent. Another person told us how staff ensured they had equipment readily available to them to support them with mobilising independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection this key question was inspected but not rated. At this inspection we have rated the service requires improvement. This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Recording of people's communication needs in their care plan required improvement to ensure staff had clear guidance. We found 1 person's needs had not been fully recorded in the communication care plan but information was threaded across other sections. This meant care staff new to the person and looking specifically for details on supporting communication may miss other information that is detailed elsewhere and the person's needs may not be met.
- The provider was familiar with the accessible information standard requirements and could make information available to people in the format they required, such as, large print and other languages. At the time of the inspection no one required this service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans required some improvement to ensure care staff had detailed and clear information on people's individual needs. Some care plans were found to contain generic information of little value to care staff in supporting personalised care. We found no evidence of impact on people as care staff had got to know people well and listened to how they wanted to be supported.
- People's care was planned so that they had a regular team of staff. People told us they usually had the same staff team which helped with continuity and building relationships. People told us that staff mainly arrived at the agreed call time. One person told us their preferred time could not always be met, this sometimes impacted on their day. However, they were happy that staff were reliable and had never missed a visit to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relationships that were important to people were recorded in their care plan. One person's care plan included information on how a family member was supported with their caring role.
- Where people required support with social activity, their preferences, likes and dislikes were recorded and their needs were met.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. People we spoke with were not sure they had received a copy but told us they would be comfortable to raise concerns with the provider and felt they would be listened to.
- There was evidence of one formal complaint, although this had initially been responded to in line with the providers policy and procedure there was no evidence of an outcome being shared with the person as initially agreed.

End of life care and support

- The provider did not provide a specialist end of life service. However, if someone using the service became end of life the provider continued to support them if they wished. We saw an end of life care plan which contained information for care staff on how to support a person with any additional needs alongside their main care plan.
- Staff were not specifically trained in end of life care. The provider worked in partnership with the community palliative care team for guidance and who were also responsible for end of life medication.
- Do not attempt cardiopulmonary resuscitation [DNACPR] information was available to care staff to ensure they supported people's wishes and best interests.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was inspected but not rated. At this inspection we have rated the service requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- Systems and processes were either not in place or not effective in consistently ensuring the safety and quality of the service.
- A robust auditing system was not in place to identify the issues we found during the inspection such as missing or insufficient risk assessments and the unsafe practice around medicine management. This meant that the provider was not maintaining effective oversight of the service and recognising where improvement was required.
- The provider had policies and procedures in place but did not always follow them. For example, the provider did not follow their on call procedure which led to a safeguarding incident.
- Managerial oversight records such as training compliance and staff supervision matrix had not been updated to reflect the providers current position in these areas. Only a small number of staff had had supervision and there was no evidence of spot checks or competency checks.
- The provider did not have a robust system for seeking feedback from people, staff or stakeholders. People and staff told us they had not been asked for feedback on the quality of the service.
- The provider had produced a quality improvement report which had identified some areas for improvement. For example, ensuring an induction program for new starters and carrying out quality monitoring calls to people using the service, however the provider had failed to implement these improvements.
- There was some evidence of staff meetings. A staff member told us they believed meetings took place but usually at times when staff were working and could not attend, meeting minutes had not consistently been provided for staff. One staff member told us, "There's no opportunity to give feedback, no supervisions, which is a shame as staff are a valuable resource". Following the inspection the provider told us they had reviewed the staff meeting process to ensure all staff would have the opportunity to attend.

Systems and processes were not consistently in place or effective in maintaining oversight of the safety and quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was in the process of migrating to a new electronic system to ensure improvements in care

records and better oversight of the safety and quality of the service. This would need to be continued and embedded in practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had not always ensured person centred care planning. However, people were complimentary of the care staff who they described as kind and caring. People told us they felt listened to, were leading their care and their independence was supported.
- Staff did not always feel empowered to share ideas or opinions. A staff member told us they had e-mailed the office to inform them of changes needed to a person's care plan but this had not been actioned.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a good understanding of the duty of candour. A policy and procedure was in place for staff guidance. The provider was in the process of managing an incident at the time of the inspection and understood they needed to complete an investigation and contact the person with an explanation of what had gone wrong.

Working in partnership with others

- The provider accepted there were areas in which they needed to improve and were keen to work with other professionals such as the local authority and CQC to drive improvement. Following the inspection, the provider told us they were commissioning a consultant to support them with improving the safety and quality of the service.
- The provider attended meetings for people with other healthcare professionals when needed. One person told us the provider had recently been at their health care review to support them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not consistently ensured a robust system was in place to ensure only suitable candidates were employed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The Provider had not consistently deployed suitably qualified, competent, skilled and experienced staff to make sure that they could meet people's care and treatment needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not consistently ensured that care and treatment was provided in a safe way.

The enforcement action we took:

We have issued a warning notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not consistently in place or effective in maintaining oversight of the safety and quality of the service.

The enforcement action we took:

We have issued a warning notice.