

Nurses Friend

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

This announced inspection took place on the 7 and 13 March 2017. Nurses Friend provides a personal care service to people who live in their own homes in the community. There was one person using the service at the time of this inspection.

There was a registered manager in post at the time of our inspection. 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.

We were unable to rate the agency as there was not sufficient information available to us to fully assess how safe, effective, caring, responsive and well-led the service was.

People told us that they felt safe. There were policies and procedures in place which ensured that the staff had the guidance and support they needed to ensure that they protected people from any harm or poor practice.

People had care plans and risk assessments in place which ensured that they received the support they had asked for in a safe way. At the time of the inspection there were sufficient staff to meet people's needs; more staff were to be recruited as and when more people requested the service.

There were systems in place to ensure that people were protected from being cared for by unsuitable staff. Staff received training and support which ensured that they had the skills and knowledge to provide the care that was needed.

There were systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and the provider was aware of their responsibilities in relation to ensuring people gave their consent to care.

The provider had systems in place to monitor the quality of the service as and when it developed and had a process in place which ensured people could raise any complaints or concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? Service inspected but not rated	Inspected but not rated
Is the service effective? Service inspected but not rated	Inspected but not rated
Is the service caring? Service inspected but not rated	Inspected but not rated
Is the service responsive? Service inspected but not rated	Inspected but not rated
Is the service well-led? Service inspected but not rated	Inspected but not rated

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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 announced inspection took place on 7 and 13 March 2017 and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with one person who used the service and the registered manager.

We reviewed the care records of one person who used the service and staff recruitment files. We also reviewed records relating to the policies and procedures which supported the quality assurance of the service.

Is the service safe?

Our findings

There were systems in place to protect people from being cared for by unsuitable staff. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people.

People's individual plans of care contained risk assessments to reduce and manage the risks to people's safety. The care plans were reviewed regularly and updated as and when necessary. One person told us, "I was asked about the care plan and can talk to [name of registered manager] if I need to."

Policies and procedures were in place to protect people from harm. Information was available for staff to inform them what they needed to look out for and how to report any concerns to the registered manager or outside agencies. At the time of the inspection we were unable to assess how effective these procedures; no concerns had been raised and we were unable to confirm with staff their understanding of the policies and procedures.

There was enough staff to meet the needs of people. One person told us, "The staff always arrive on time and do everything I need; if they are running late they always ring me and let me know." The registered manager told us that as and when they began to provide personal care to more people they would recruit more staff suitably qualified to meet the needs of the individual. There would be a group of staff deployed specifically to care for an individual which would provide continuity of care for people. At the time of the inspection we were unable to assess the effectiveness of this in the longer term as there was only one person currently using the service.

There was a system in place to manage the administration of people's medicines when required. Staff training was in place to ensure that staff understood their role and responsibility in administering medicines. Their competency would be tested before they were able to administer medicines. There were Medicine Administration Records (MAR) in place. However, at the time of the inspection there were no people requiring support with medicines so we were unable to assess the effectiveness of the system in place.

Is the service effective?

Our findings

There was an induction training programme in place which all staff were expected to attend and complete before they commenced working with people. The training included moving and handling, health and safety, safeguarding and basic life support. Staff were expected to refresh all mandatory training each year; the provider had a system in place which identified when staff needed to refresh their training. All staff were also expected to undertake the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. At the time of the inspection we were unable to fully assess the effectiveness of the training as there was only one member of staff employed supporting one person.

Staff could expect to be supervised on a regular basis and there was a procedure in place for annual appraisals to be undertaken. We were unable to check with staff whether the provider followed the procedure in place at the time of this inspection.

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. At the time of the inspection we were unable to check out whether the service was working within the principles of the MCA. The registered manager had an understanding of the MCA and their role and responsibility but was not able to demonstrate this in practice as yet.

There were systems in place to identify whether anyone was at risk of malnutrition and dehydration and information was to be gathered in relation to access to other health professionals people may need to access. However, at the time of the inspection we were unable to assess fully how effective these systems were as there was no person who required support with meals and accessing healthcare services.

Is the service caring?

Our findings

People were supported by staff that were compassionate, kind and caring. One person commented, "[Name of care staff] is wonderful, they have a good sense of humour and will do whatever I ask."

Care plans included people's preferences and choices about how they wanted their support to be given. People told us that staff took time to listen to them and respected their wishes. One person said, "[Name of care staff] knows exactly what I need and what days we do things." The provider had ensured that the same staff supported people and if anyone was absent the provider covered. This meant that people knew all the staff that cared for them. However, we were unable to fully assess how effective and consistent this was in the longer term as there was a very limited service being provided to one person at time of the inspection.

People's individuality was respected and staff ensured that people's dignity was protected. One person told us, "I am very comfortable with [name of care staff] they are very polite and have a good sense of humour."

The people receiving personal care were able to express their wishes and were involved with their care plans. We spoke with the registered manager about what support was available should a person not be able to represent themselves or had no family to help them. The registered manager agreed to ensure that there was information available to people about any local advocacy services they could contact. At the time of the inspection no one had needed the support of an advocate.

Is the service responsive?

Our findings

People initially met with the registered manager which gave them the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines and their expectations of the service. This information was then used to develop a care plan for people. The registered manager ensured they had sufficient resources to meet people's needs before people were offered a service. This meant that people's needs were consistently and effectively met.

People were involved with developing and updating their care plan which detailed what care and support they needed. One person told us, "I met with [name of registered manager] and we discussed my care plan together; I am quite happy it is what we agreed." As the registered manager also provided the care for people sometimes they were able to ensure that the care plan was always up to date and accurately reflected the person's needs. However, the care plan was only held electronically and was not easily accessible for the person to which it related. The provider needed to ensure that the care plan and any daily notes to support the plan were accessible and available to the person and staff.

There was information available to people and their families about what to do if they had a complaint or needed to speak to someone about the service. We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to. However, at the time of the inspection there had been no complaints so we were unable to assess as to how effective the procedures were.

Is the service well-led?

Our findings

There was 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider was actively involved in the service and routinely monitored the quality and safety of the service provided. As the provider was only delivering a very limited service at the time of the inspection they were able to address any issues as they arose and deal with them effectively. The provider was aware that as the service grew they would need to be proactive about the development of the quality assurance processes. We were unable to assess the effectiveness of the Quality Assurance and audit processes the provider had in place at this time due to the limited service they were providing.

People were happy with the provider and felt able to raise any concerns if they needed to. One person commented "They [the staff] do not make me feel disabled and a trouble for anyone." Nurses Friend aimed to support people to live as independent a life as possible, safely in their own home.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included management of medicine, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role. At the time of the inspection we were unable to assess fully the effectiveness of the policies and procedures in place due to the limited service being provided and minimal number of staff employed.