European 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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 22 and 23 February and 6 March 2017. This was an announced inspection where we gave the provider 48 hours' notice because we needed to ensure someone would be available to assist us with the inspection.

We brought forward this inspection due to concerns raised with us. These concerns were about the recruitment and support of staff and the lack of reporting to the commission of safeguarding. However, we found the provider had acted on the concerns raised and clarified recruitment and support of staff as well as procedures around reporting safeguarding.

European Nursing Agency (ENA) provides live-in personal care and support to people, some of whom have complex physical needs, in their own homes as well as providing hourly personal care day visits. At the time of the inspection European Nursing Agency was supporting 106 people.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run. In this instance the registered manager was also the provider.

We found further developments were needed in the assessments for activities or areas that could pose a risk to people as they were not always detailed or contained sufficient information to inform staff how to manage situations. However, staff were clear on their role and how to keep people safe.

Whilst we found there were systems in place to review the quality of the service, these were not always consistent as some of the care plans had not been reviewed and contained information that was out of date.

People told us they felt safe and were confident in staff abilities to support them. Staff were trained and supported to deliver good care. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. There were sufficient staff with a on call team of care staff to cover emergencies.

People received care that was personalised to their needs. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were treated with dignity and respect and were involved in planning their care.

The registered manager and staff promoted an open inclusive culture focused on providing a personalised service for each person. However, systems in place to monitor the quality of the service were not always consistent.

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.

People told us they felt safe.

People were supported by staff who understood the safeguarding
procedures and would report concerns.

People were supported by a staff team who had been safely recruited.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supervised.

People's consent was sought before care was offered.

Health professionals were contacted on people's behalf if needed

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were involved in planning and reviewing their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

People were supported with interests and social interaction.

People's concerns were taken seriously and acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems in place to monitor the quality of the service were not always consistent.

People's views were sought and information received was used to inform any changes.

There was an open culture within the agency and staff were clear as to their roles and responsibilities and the lines of accountability across the service.

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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.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was announced and carried out by two inspectors. We gave the provider 48 hours' notice to ensure that they would be available to support us with our inspection.

During the inspection we visited four people in their own homes and spoke on the telephone with a further 12 who received care in their own home. We also spoke with three relatives, 11 live in carers, the provider and registered manager of the agency, the clinical lead, the training officer, operational manager and human resources manager and a care coordinator. We looked at care plans relating to eight people who used the service and six staff files along with other records related to the service.

Good

Is the service safe?

Our findings

People said they felt safe with the agency and the care they received. One person told us, "Yes I feel safe, staff are confident and experienced." Another person said, "I feel safe the staff know what they are doing, they are confident with the equipment they use." Relatives were equally confident. One relative said, "I would say the service is safe. Carers are working safely. Medicines are done by the staff, they liaise with GP and DN and pharmacist."

There were three safeguarding incidents that the registered manager had failed to notify the Care Quality Commission (CQC) about. However, they had liaised with Social Services and worked with them to investigate the situations. The registered manager had since put in place a system to ensure any safeguarding incident was reported to the CQC.

The management team and staff were aware of how to keep people safe from abuse and how to report any concerns to the local safeguarding team. We saw evidence in speaking with staff and looking at documentation that the agency had learnt from the safeguarding incidents, putting in place further measures where necessary and added to future safeguarding training. For example, where a person and their staff member were in an isolated location the staff member's placement had been shortened and supervision of the person and their staff member had been increased.

People's individual risk assessments for activities or areas that could pose a risk to people were not always detailed or contained sufficient information to inform staff how to manage situations. For example, a staff member would be expected drive a person's car, the person often became very anxious but there was no assessment of the potential risks, how they could be alleviated and the person helped to feel more secure. This was discussed with the clinical lead who was in the process of redesigning and updating risk assessments. However, staff were clear and confident about their role and how to keep people safe. One staff member said how they go through everything about the person's care especially any risks when they have handover at the beginning of a placement. They told us, "We even look at the smoke alarms." Another staff member said, "The care plans are detailed enough to provide safe care."

People were supported by staff that were of good character and were suitable to work in the care environment. All staff had been through a rigorous recruitment procedure which involved obtaining satisfactory references and background checks with their country of origin as well as Disclosure and Barring Service (DBS) before they were employed by the service.

People who received a service said they had always been supported by the live in staff members as planned, but sometimes they did not know the person coming until quite close to the handover period. However, they said they knew that there would always be a live in staff member provided.

As staff lived in with the people they supported, their time off within the day was agreed when the placement began. There was a permanent team of six staff employed to act as back up and cover for staff in the event of unforeseen events occurring. For example, one person was waking several times through the

night which disturbed the staff member sleep. This had been identified and there was a system in place to provide relief cover until the situation was resolved.

Where people were supported with their medicines, staff were trained to support and deliver their medicines when and how they needed them. People and their relatives were happy with how staff supported them. One relative said, "The carers do manage [my relatives] medicines, we have no concerns. They always write down when they have given any medicines so we know they have taken it". Care coordinators checked staff accuracy at managing medicines as part of their home visits

Good

Is the service effective?

Our findings

People said they felt the staff were well trained. One person said, "Carers are competent and do have the necessary skills." Another person said, "Most of the carers are good and they know how I want to be supported."

Staff completed an induction program to prepare them for their role which included training in first aid, safeguarding, and handling medicines. There was also additional training when required to ensure people's needs are met and all staff were encouraged to take on the additional training. Staff that completed additional training were on higher rates of pay. This was an incentive to progress. Staff were required to complete a probationary period, and had regular assessments of their capabilities and suitability to ensure they were suitable for their role. Staff who required extra support with the way they learned were supported to develop. For example, staff that had dyslexia had been supported to enable them to complete their training.

Staff spoke positively about their training and the independent driving test they were required to complete. One staff member said, "The training is really good they are very helpful. If you don't understand they help you until you are clear." And another staff member said that once they had completed their training, "When we started we worked with another carer watching and guiding us for 48 hours."

A staff trainer said staff completed their training based on the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff knowledge was assessed during and after training to ensure they were up to date with best practice. Some staff also said they received a work book each month to complete and return which dealt with different training topics which included managing medicines, safeguarding.

Staff said they received regular contact from their coordinator and were well supported. One staff member said, "The care co-ordinators do my supervision. They come to see us on a regular basis 6-8 weekly. They call regularly by phone to make sure things are going fine." Another staff member said, "I feel supported. ENA are fine I feel they are a good company to work for. We have good communication and supervision happens about once every 6 weeks."

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. We checked whether the service was working within the principles of the MCA and found that they were.

People said that staff sought their consent before assisting them. One person said, "They always ask my consent and I am involved in every aspect of my care." Another person said, "I make every decision from what I want to eat, wear and where I want to go. There is good communication about my care." Staff were

clear about understanding people's capacity in each specific task. One staff member explained how they always tried to involve the person they were supporting using their form of communication. They told us, "You let people take their time and you are doing what the client wants you to do."

People said the staff supported them with their meals and shopping. One person said, "The carer does all my cooking after I have chosen the menu. They buy their own food and it's my choice that we eat separately." Staff spoke of how they sought to meet people's cultural and dietary needs. One staff member said, "We do the cooking and I have had the training and support the person with healthy eating."

People said staff supported them to access healthcare when necessary and would contact health or social care professionals if the need arose. Staff said they would accompany a person to hospital or medical appointments if the person wished. One staff member said how they contacted the on call GP twice as they were concerned about the health of the person they were supporting. The person was taken into hospital and the staff member was praised for their action. One person said, "The carers do contact health professionals on my behalf when needed, I have no concerns."

Good

Is the service caring?

Our findings

People were treated with dignity and respect by staff. One person said, "I have a preference for female carers and this has always been respected." Another person said, "I feel my dignity and respect is promoted in as much as it can be. I am very lucky, I have a consistent set of carers."
A relative said "Staff respect [my relatives] dignity and privacy and are good at ensuring they give choices. There is good involvement".

People also told us that their privacy was respected. One person said, "They respect me as a person and I am really comfortable when receiving personal care." Staff were clear about respecting people's privacy and maintaining their dignity. They gave good examples of how they achieved this. For example, by making sure doors were closed, curtains drawn and covering people as much as possible when supporting people with personal care. One staff member spoke of respecting people's cultural and religious beliefs and being mindful of these at all times specifically in relation to any healthcare interventions which could contravene their beliefs.

People were involved in planning and reviewing their care. One person said, "I am completely involved in the care plan every time they (care manager) visit they ask if anything has changed or if there is anything I want or need." Another person said, "I do have a care plan. I deliberately keep it brief and quite vague because it needs to be flexible to reflect my life."

Staff were clear about respecting the way people wished their care to be provided and the importance of being flexible to support people with their social engagement. One staff member said, "We work out the breaks I will have each day at the beginning of the placement. However if there is a need we can change it and agree to another time for a break."

People said they had the opportunity to see staff profiles to ensure that they could find a staff member that suited their requirements. Although the majority of people said they normally received just one staff profile. The staff profiles seen were very detailed and had the person's education and skill level, hobbies and interests and painted a picture of the staff member.

People said they had the opportunity to change their mind if things were not as hoped. One person said, I tend only to get one staff profile sent to me. Sometimes it works well but not all the time. There is not much choice but I can say no to a profile and it usually works out."

People were supported by staff who knew them well. Staff were able to tell us about people's needs and how they needed to support them. This included their preferences and choices. Staff described individualised daily routines for the people they supported. In one person's care plan we noted the staff member needed to assist with the cleaning of a person's pet and their cage. We noted in the daily records where the care staff had documented washing the pet and the cage. This highlighted the staff's ability to care for what was important to the person.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. One person said, "They [staff] support my independence. For example if I need to go anywhere they will take me and they give me my space. This is important to me." A Relative said "Staff are able to meet [my relatives] needs".

The clinical manager explained how care plans were produced in conjunction with the person using the service, and their relatives if appropriate. The care plan would be completed prior to the service beginning. Then staff from the permanent on call team would start the placement and continue to develop the care plan with the person.

Care plans seen included key information about the person and detailed information about what mattered to them, for example, people's personal preferences. One care plan we looked at described all of the person's care needs and gave guidance about how to support them. It covered what types of food they preferred, their preferences of when they liked to eat, their interests. As the person was living with dementia detailed information was important and it included the person's interests and topics which would be good for conversations.

We noted that people were supported to follow their interests and access the community. One person's care plan showed that the person was driven to and from work by staff. This enabled the person to maintain their independence.

Care plans seen were person centred with guidance for staff to meet people's needs. However not all care plans had completed risk assessments for people's care or care plan summaries. We also noted two out of the five care plans we saw at in the office contained details about other clients. We were assured that this was a copying error and would be addressed immediately. We were told that care plans at people's homes were up to date. Though we found two out of the four care plans seen in people's homes needed updating. However people were clear that their preferences were respected. One person said, "I am supported as I want and need to be. I wouldn't change anything about the care I receive."

People and staff were supported by regular contact from the coordinators to ensure people were happy with the care and support. Contact was made by telephone every two weeks and visits were made every six to eight weeks. This gave people opportunity to raise any concerns or feedback about positive care they were receiving. Staff also had opportunities to discuss and develop any areas they required help with.

Everyone spoken with knew who to contact to raise any concerns or to talk through issues. One person said, "I have not had to raise any concerns. I know a couple of staff have requested to be moved because they felt they couldn't cope with what they were having to do for me. I would be confident to make a complaint if I needed to and I know how to raise any concerns." A relative said, "The care manager regularly checks if we are happy and we can email the care manager. We feel listened to and supported. We know who to contact if we have concerns and our concerns are responded to."

We saw there was a system to record and respond to complaints which were completed appropriately. Staff said they drew lessons from each issue raised and when necessary, put in place an action plan to address it.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service. For example weekly care coordinator and clinical lead meetings identified and shared any areas of concern that needed to be addressed and action plans were put in place. Also trends were sought in any complaints, care plans were reviewed.

However we found that assessments in people's care plans had not been dated so it was not possible to know if they had been reviewed and were up to date. Two out of the four care plans seen in people's homes were not up to date and there was no indication of them being reviewed. A relative said, "We have sat down and reviewed the care plan. It has not been updated recently." Two staff members said sometimes the assessments were not reflective of the person's needs and they needed to update them. Two people visited said they had updated their profiles to be sent to new staff but staff were still being sent previous outdated ones. This was an area that required improvement

People's individual risk assessments for activities or areas that could pose a risk to people were not always detailed or contained sufficient information to inform staff how to manage situations. This was an area that required improvement

There was a system to record and monitor any accidents and incidents to enable them to recognise themes or trends However, prior to the inspection we found the registered manager had failed to notify the CQC of safeguarding incidents. This was discussed with the registered manager and clinical lead who then implemented a system to ensure all safeguarding's were reported to the CQC had been put in place.

People were positive about how the service was run and spoke highly of the clinical lead. One person said, "They, [clinical lead], are really thorough, they know what they are doing I have every confidence in them.". Relatives spoken with also said they were confident in the agency ability to support their relatives.

Staff spoke of a positive open culture. One staff member said, "I would say it is well managed. To be really honest with you, having worked in care for over two years now and worked for two other companies I do feel ENA is quite well managed." Another staff said, "It's an open supportive agency the managers doors are always open. It's a family ethos for all."

ENA had a registered manager who is the founder and owner of the company. The clinical lead had taken on much of the day to day running of the agency and was planning to also register as manager.

We found there were clear lines of responsibility amongst the staff in the agency and systems were set up to favour communication amongst the team. The registered manager explained they were employing two more care coordinators, one with a health background to take up some of the assessments the clinical lead was currently undertaking. We saw minutes of the weekly meetings amongst the care management staff where key areas of development or practise were discussed and any issues reviewed.