

Trent Nursing Limited

Trent Nursing

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

About the service

Trent Nursing Care is a homecare service providing regulated personal care. The service provides support to younger adults and children. 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.

At the time of our inspection there were four people using the service and three of these people were supported with personal care, which included both children and adults. The provider worked in partnership with case management agencies and other providers to deliver bespoke packages of care.

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

The provider did not always have full oversight of the care being provided for people. Where people's support was provided in partnership with third parties, formal arrangements had not been made for the provider to have up to date information on the support their staff were providing.

We have made a recommendation about implementing formal processes and policies when working with partner organisations to provide care for people.

People were supported to receive medicines safely but some more specific information was needed about medicines administration. The registered manager took action to ensure this was in place during the inspection.

People were protected from avoidable harm and staff knew how to raise concerns about poor practice. Risks to people were assessed safely. Relatives felt people's support was safe. Staff were recruited safely. People were protected from the risk of infection and lessons were learned when incidents took place.

Although staff knew people's needs one person's care plan information required more specific information about how they were supported. This was updated immediately by the registered manager. People and relatives were included in the care planning process.

Staff received extensive training to provide specialised support for people. People were supported effectively with their nutrition and hydration needs. Staff worked very closely with other agencies to provide tailored support for people.

Staff genuinely cared for the people they supported. Relatives told us people were supported with kindness. People were supported to retain the dignity and independence. People were supported to express their views on their care.

One person's personal history was not recorded in their care plan, but staff knew their personal preferences

in depth. People were supported to access the community and things they wanted to do. People's communication needs were met by the staff.

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.

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

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

Follow up

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 safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Trent Nursing

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

The inspection was carried out by one 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice before 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 20 July 2022 and ended on 02 August 2022. We visited the location's office on 21 July 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from professionals who work with the service. 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 to the registered manager, a director and four staff members. We also spoke to two relatives and a case manager about their experiences of the service.

We reviewed three people's care plans and risk assessments, two of these were written by third parties who supported with the management of the care and one was written by the provider. We also reviewed three staff recruitment files and a range of other written records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely but some information around administration was not recorded. Staff supported one person with medicines administered with a nebuliser, but administration was recorded on daily notes rather than a medicines administration record (MAR). The person's care plan also did not include information around use of the nebuliser. The impact of this was low as staff we spoke with knew the person's needs well and relatives also supported with medicines daily. The registered manager put MARs in place immediately and updated the person's care plan to include specific information for staff.
- Staff had up to date medicines training and received specialised training for people when needed. Staff told us they felt competent in administration. One relative also told us, "The carers use the nebuliser and they have all been trained to do this."

Systems and processes to safeguard people from the risk of abuse

- There had been no recorded safeguarding incidents at the service. The registered manager understood their responsibilities in relation to raising safeguarding concerns to the local authority. Staff also had access to an up to date safeguarding policy and understood their role in looking out for and reporting any signs of abuse.
- Staff told us they knew how to whistleblow on poor practice if they needed to.

Assessing risk, safety monitoring and management

- Risks to people had been adequately assessed in the risk assessments completed by the provider. People had personalised risk assessments in place for staff to refer to.
- Staff monitored people's safety effectively and were able to identify and tell us about specific risks to people. There was evidence of staff recording people's vital signs regularly to inform safe care.
- Relatives told us they felt people were safe using the service and they trusted staff. One relative said, "I think they are safe. I have left the carers with [my relative] now. [The carers] are all competent in their jobs. They have all worked with [my relative] day and night, they know what is going on 24/7."

Staffing and recruitment

- Staffing levels promoted safe care. Where there were difficulties with fulfilling care calls, all possible actions were taken to ensure people were still supported safely. When care calls were missed the impact on people was low as relatives were informed and were able to support.
- Staff were recruited safely. Recruitment files included the required information to ensure staff were suitable to work with people.
- Staff had enhanced Disclosure and Barring Service (DBS) checks to ensure they were safe to work with

both adults and children. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected by staff from the risk of infection. Relatives told us that staff wore personal protective equipment when supporting people.
- Staff completed routine testing for COVID-19 in line with government guidance.
- There was an up to date infection prevention and control policy in place for staff to follow and the provider regularly provided staff with enough personal protective equipment.

Learning lessons when things go wrong

- The number of accidents and incidents recorded at the service were low, but where there was an incident, action was taken to reduce future risks. Staff and people received support from the registered manager following incidents and risk assessments were updated where required to reduce risk.
- Staff understood how to record accidents and incidents and followed a relevant policy. Staff told us they knew to record information around any concerns or incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- While people's needs and choices were assessed, the care plan completed by the provider required more specific information. For example, the person's care tasks were split between a family member and care staff but this was not always clear in their care plan. The registered manager took immediate action to update the care plan.
- The service used technology to help deliver effective care and support. An electronic recording system for care notes, care plans and policies gave the provider access to real-time information on the support staff were providing.
- The provider ensured that people and family were included in the care planning process, so equality and diversity characteristics were considered in the care provided. Staff were also supported to complete equality and diversity training.

Staff support: induction, training, skills and experience

- Staff received mandatory training as part of their induction. We did identify one staff member had not received training around epilepsy and this was identified as a risk to the person they supported. The impact of this was low as another trained staff member was always present at the person's home. The registered manager followed this up to ensure the person was supported to complete this training as soon as possible.
- Staff received specialist training to ensure they had the skills to support people. For example, some staff received specialist training from external community nurses for tasks such as suctioning so effective support could be given to people. Where this was not available, the provider supported staff to access an external training company to support with specialist training.
- Staff were also supported to observe a more senior member of staff when first joining the service. One staff member stated, "I shadowed for three shifts. It was a good amount of time to see how things go. Being in the environment gives you a totally different aspect of how things work."
- Relatives told us they felt staff were trained and competent in their roles.

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

- People were supported with their nutrition and hydration effectively. For example, staff supported one person with a Percutaneous Endoscopic Jejunostomy (PEJ) feed at night to maintain their nutrition. This was clearly recorded in daily care records.
- Staff also supported people to maintain a balanced diet. Staff worked with families and dieticians to meet people's nutrition and hydration needs.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- The provider and staff worked closely with other agencies to provide effective care. Staff were supported by several health professionals to tailor their support for people. For example, one person was supported by carers to complete exercises which were provided by a physiotherapist to aid their rehabilitation. A staff member stated, "I will never do anything unless [the physiotherapist] has run through it with me. There is a folder with everything in there and pictures of how to provide support."
- Staff took part in regular multi-disciplinary meetings with external case managers and health professionals. This allowed staff to give input on any changes or concerns in the care they were providing.
- Staff supported people to access healthcare services. For example, if one person visited hospital, care staff stayed with them to continue their tailored support on the ward.

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.

- Staff had received training around the MCA and understood its principles. In line with MCA guidance, one staff member told us, "I always assume someone has mental capacity [to make decisions] until they present otherwise."
- Relatives told us people were offered choice in their care. One relative stated, "[The carer] is amazing and gives [my relative] choice."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff genuinely cared for the people they provided care for. One staff member said, "I would never let a [care] shift go unstaffed. I will always be that person to cover that shift. I'm always going to be there and make sure that they are cared for."
- Relatives told us that people were treated with kindness and compassion. One relative said, "[Carer's name] will treat [relative's name] really lovely, they have a good laugh. They have a lovely way with [my relative]. They can talk them out of having a bad day. [My relative] knows [carer's name] is on their side."
- Staff were given enough time to get to know the people they were supporting. When the provider started supporting new people, staff were introduced to them and their families to help build rapport. Speaking about getting to know the person they supported, one staff member told us, "When I enter the room, I always address [person's name] first, say good morning, and speak to them. After a period of time they began to recognise my voice. I will sing to them a lot and they will laugh. I have learnt what they don't like and when they get bored".
- Staff consistently told us ways in which they ensured people retained their dignity. One staff member spoke about supporting a person, "I always explain what I'm doing. Everything is done with respect, being gentle. It's about giving them a break and not rushing them."

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

- Relatives and staff told us people were supported to make decisions and express their own views on their support. Where people were unable to make decisions about their own support, the provider and staff consulted relatives.
- People received consistent support from staff members who understood their needs and had built relationships with them. The provider used a rota system which allowed staff to support the same people and get to know people's routines and specific preferences.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- In the care plan the provider developed, the person's personal history was not included and there was limited information on their interests. However, staff were able to tell us about the person's likes and preferences in detail.
- Relatives were heavily involved in developing and reviewing people's care and support. One relative told us, "[Care co-ordinator's name] comes every Wednesday to see if everything is going alright. I tell him if there are any concerns."
- Staff were comprehensively supported to understand people's specific needs and preferences. The provider ensured staff had time to observe other staff members and relatives supporting people to get to know their needs. The provider also arranged specialist training, in areas such as ventilation and suctioning, so staff were able to meet people's needs.

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

- People and their relatives were supported to access the community by staff. One staff member told us, "On Wednesdays we go swimming. I'm going sailing with them on Saturday, we enjoy that."
- Staff were knowledgeable about people's interests. One staff member said, "They like their massages and their nails done. They like watching a DVD, their bedroom is covered in [what they like]. One relative also stated, "One [carer] sings to [person's name] and one [carer] reads them stories. [Person's name] loves music and stories."

Improving care quality in response to complaints or concerns

- The service had not received any official complaints but had an up to date complaints policy in place.

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.

- The registered manager was not aware of the Accessible Information Standard, but they did understand the need to make information accessible and ensured people were supported with their communication needs. The inspector discussed the Accessible Information Standard with the registered manager, so they

had a full understanding of this requirement.

- People had communication plans in place for staff to refer to and staff had a good understanding of people's communication needs. One person staff supported was unable to communicate verbally but staff responded to their eye movements and noises they made.

End of life care and support

- The service did not support anyone with end of life care. The registered manager told us they intended to discuss end of life wishes with families to add to their support plans.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Working in partnership with others; Continuous learning and improving care

- The provider did not always have clear oversight of the care being provided by staff. One person's support was provided in partnership with third parties, including another homecare service and a case manager. Staff had access to the care plans created by the third-party homecare service, but the registered manager did not have access to up to date copies of these care plans. The registered manager also told us they were unsure about the level of support being provided for the person by their staff members around medicines.
- The provider did not have a formal policy or procedure in place with third parties for the oversight of the actions of staff. The provider was not able to access care records completed by staff for the support of two people, as these records went to third parties. The registered manager told us there was an informal agreement where any concerns or errors found would be raised to the provider through the third-party case managers. While the impact of this was low, this presented a risk if the service expanded as concerns could be missed due to no formal policy and agreement being in place.

We recommend the provider implements a clear policy and process to detail key responsibilities and accountabilities when working with partner organisations to provide care for people.

- Following a discussion with the inspector, the registered manager ensured they had up to date copies of care plans of the people they supported.
- Despite a lack of formal process, the provider worked very closely with case managers to provide tailored support for people. We spoke to one case manager who stated, "Trent Nursing Care have been amazing in everything they have done. The communication is just brilliant."
- Staff understood their roles and felt supported by the registered manager. One staff member said, "[The registered manager] is approachable. They were once away at a wedding and they took the time to call me back."

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

- Staff felt the service was well-led and described the culture of the service as person-centred. Staff and the registered manager described the culture of the service in the same terms and were focussed on providing high quality care to people.
- The person-centred care provided achieved good outcomes for people. One person had been supported with their rehabilitation by the service and had seen improvements in their health. One staff member said,

"[Person's name] loves going out of the house and loves going out for dinner, especially cake. We have a good laugh and get through [the challenges] we need to. They have come on leaps and bounds from the day I met them. The difference in them now is off the scale."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 did not always give relatives information on the official complaints process which was outlined in their complaints policy. Following a conversation with the inspector the registered manager ensured people and relatives had access to this.
- Relatives gave mixed opinions on the engagement of the service. One relative felt this was the best trait of the service and they regularly engaged with them to ensure the level of care was good enough. Another relative felt they were not engaged with by the registered manager.
- The registered manager understood the duty of candour. The registered manager was candid in their responses throughout the inspection and strived to continue to improve the service.