Ross Nursing Services 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?	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?	Good

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service
Ross Nursing Services Limited is a domiciliary care agency which is registered to provide personal care to people in their own homes. Support is provided to children, younger adults, older people, people with an eating disorder, living with dementia, mental health support needs, physical and sensory impairments and learning disabilities and/or autistic spectrum disorder. At the time of our inspection the service was providing care and support to 49 adults, of which 36 people received the regulated activity of personal care.

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.

People's experience of using this service and what we found
People using the service and their relatives were happy with the care and support they received and said it met their individual needs. They described positive and enabling relationships with their care workers and the management team and being involved in making decisions about their care arrangements.

People were safely cared for. Care workers understood how to protect and safeguard people. Risks to people were assessed and mitigated, which reduced the risk of harm. Where people required support with their dietary needs, health and with their medicines, this was done safely. Infection control processes protected people from the risks of cross infection.

People's care needs were assessed and planned for. Care plans contained person- centred information that reflected individual choices and preferences. These were kept under regular review.

There were enough care workers safely recruited, trained and supported appropriately to cover the scheduled visits to people. People and relatives confirmed they were supported by care workers they were familiar with. Effective systems were in place to monitor whether the visits took place as planned.

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.

Effective systems for managing the service and monitoring quality and safety were in place. People were asked for their views and their feedback used to improve the service and make any necessary changes.

People and relatives were complimentary of the service they received, approach of their care workers and the management team and said they would or had recommended 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 last rating for this service was Good (published 1 December 2017).

Why we inspected
This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

The pilot inspection considered the key questions of safe and well-led and provided a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ross Nursing Services Limited on our website at www.cqc.org.uk

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KOLEs) in relation to effective.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question outstanding. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KOLEs) in relation to Caring.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KOLEs) in relation to responsive.

Is the service well-led?

Good

The service was well-led.

Ross Nursing Services Limited

Detailed findings

Background to this inspection

The inspection
As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 6 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team
The inspection was carried out by an inspector, a CQC pharmacist specialist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The provider's nominated individual was also the manager registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

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 registered manager would be in the office to support the inspection.

Inspection activity started on 6 November 2020 and ended on 18 November 2020.

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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We spoke with ten people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, training manager, care coordinator, senior care worker and care workers. We also received electronic feedback from four care workers and two professionals involved with the service.

We reviewed a range of records electronically. This included seven people's care records, risk management plans, daily communication records and medicine administration records. We looked at three staff files in relation to recruitment and reviewed records relating to the management of the service including quality audits, policies and procedures

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the company of their care workers. One person commented, "I feel absolutely safe with the staff, they are all wearing their uniform and are very professional. They use my key safe and make sure they lock up after themselves. I trust them all."
- People told us the care workers were respectful of their property and belongings and ensured they left the premises secure. One relative said, "The staff will lock up for him and are wearing all the protective equipment they can to keep him safe. I have no concerns."
- Care workers were up to date with their safeguarding training. They knew how to recognise, and report suspected abuse both internally and to external agencies where required.
- Effective systems and processes were in place to ensure people were safeguarded from the risk of harm.
- The registered manager understood their legal responsibility to report any safeguarding concerns to us (CQC).

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual risks to a person's health and wellbeing were regularly reviewed. Where risks had been identified there was information to guide care workers to help mitigate risks. These explained the actions care workers should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. For example, there were medication, pressure area and moving and handling risk assessments in place.
- People were protected from risks from the environment. Potential risk and hazards within people's homes had been identified and appropriate risk assessments were in place.
- COVID-19 risk assessments had been implemented for all the people using the service and staff according to government guidance.
- Accidents and incidents were recorded and analysed by the management team to identify patterns and trends, so actions could be taken to mitigate the risk and reduce the likelihood of reoccurrence.

Staffing and recruitment

- Continuity of care was in place. People and relatives told us they received care and support from an established group of care workers including the management team, who knew them well. One person told us about their care workers, "They are all nice, but I do tend to get on better with some more than others, some are more naturally friendly than others. They act professionally and wear their uniform, there is no problem."
- Feedback received described a reliable and dependable service with punctual care workers who stayed the duration required with no missed or unexplained late visits. Records seen confirmed this.

● Safe recruitment processes were in place. Employees had been subjected to the required checks before working for the service. This included references from previous employers, a full employment history and a Disclosure and Barring Service check to ensure they were safe to work within the care industry. New care workers shadowed more experienced colleagues as part of their induction. This was confirmed by a relative who said, "There is a small group of staff that [person] knows and if they [management] have anyone new [deputy manager] will usually bring them out and introduce them. It works very well."

Using medicines safely

● Care workers supported people to take their medicines at the right time. The support people needed with their medicines was documented in their care plans and included people's preferences.

● The service completed risk assessments for high risk medicines and to ensure medicines could be left out for people to take later each day.

● The management team carried out regular audits of medicines administration records to ensure quality was maintained. We looked at examples of audits and saw issues were identified and appropriate actions were taken.

● Care workers were appropriately trained to manage medicines and their competency was regularly assessed. Records also demonstrated that staff were trained and competent to administer medicines via enteral feeding tubes.

● There was a process for reporting, reviewing and learning from medicines-related incidents. We looked at examples of reported incidents and found that these were properly investigated. Appropriate actions were taken to minimise the risk of these recurring. However, the procedure for staff to follow when reporting incidents lacked detail to ensure all incidents were reported and managed appropriately. The registered manager assured us they would address this.

Preventing and controlling infection

● People and relatives confirmed the care workers followed good infection control practice in their home and were wearing the correct personal protection equipment (PPE) such as gloves, masks and aprons. One relative commented about the care workers, "They are working hard at keeping everything as Covid-19 safe as they can. They are always washing their hands and make sure they are wearing protective clothing".

● All staff were up to date with their infection control training and had received additional training specifically relating to Covid-19. Staff we spoke with understood their responsibilities in relation to this. One care worker told us, "All the carers have PPE and (anti-bacterial) hand gel. Plus, each person's home has been given their own supply. We know the importance of hand hygiene, wearing PPE and the risk of cross infection. If we suspect someone might have symptoms, we know to let the office know."

Inspected but not rated

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 the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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.

- People and relatives told us the staff consistently sought their consent before providing any care or support. One person said, "The staff know what they are doing, and I believe have the skills to care for me well. They will even check they have done things right, so everything is done nicely for me." Another person commented, "They [care workers] all know the routine, but they talk to me throughout asking if I am alright etc. If they have time at the end they will sit and natter with me, I like that". A third person shared their positive experience of this stating, "We work together as a partnership."
- People's ability to consent to care was recorded in their care plan and included best interest decisions where required.
- Where people had an identified power of attorney (POA) authorised this was recorded within their care plan including what the authorisation related to. This ensured staff understood what aspect of a person's care their POA was legally able to consent to on their behalf.
- The management team and care workers understood the requirements of the MCA, and had implemented their training into practice.

Inspected but not rated

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 the last inspection this key question was rated as Outstanding. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of the key questions was reviewed.

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

● People were extremely complimentary about the care and support provided to them by the care workers. One person said about the staff approach, "I feel very cared for, they will stop what they are doing to listen to me if I have something to say. They are very caring, and we have a lovely relationship." Another person commented, "They [care workers] are very very caring, and we are very happy. They are marvellous; like having a friend here. We have grown very attached to them".

● Relatives were equally positive about the care workers, one said, "They are all very caring and [person] likes them all. They are very good at what they do, and they have a laugh at times. They are very patient." Another relative shared, "The staff are lovely and always ask how we are and how I am. I have a number to call if I need anything. They are all very caring and have set up a nice rapport, they are so friendly and respectful, and they talk through everything with [person]."

● Care workers assisted people in accordance with the person's wishes and their individual care plans and risk assessments. One person said, "My care plan has changed over the years and has always covered my needs. I think the staff understand my condition, but it is all there for them to read." A relative told us, "The care plan covers [person's] needs. [Person] is extremely independent, and they [care workers] recognise that and will encourage [person] to do things."

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

● People were supported to express their views and be included in making decisions about their care and support. One person commented, "I was fully involved in formulating my care plan and it is regularly updated and I am kept abreast of everything. I was asked if I minded a male carer. They [management team] will note things like the integrity of my skin and make sure I am aware of red areas and such." A relative told us, "The care planning was done together. I was involved in a minor way as it is (relative's) care plan after all".

● People's views were reflected in their care plans and where possible they had signed these in agreement to their plan of care and support.

● People's care plans contained information about their life histories from childhood through to employment and significant life events. This helped the staff to build a relationship with people, talking to them about things that were important or interested them.

● The management team carried out regular reviews of people's care, asking for feedback and if they wanted any changes to their care and support.

Inspected but not rated

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of the key questions was reviewed

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

● People received personalised care and support. They told us care workers met their needs and respected their choices and preferences. They confirmed that care workers completed all the agreed tasks during the care visits.

● Relatives were equally positive about the arrangements in place. One relative shared, "The care plan file explains absolutely everything and was updated by phone recently. The initial assessment was done by [deputy manager]. They were brilliant as we were having trouble actually getting [person] out of hospital, [deputy manager] was extremely helpful and sorted it all out for us". Another relative commented, "Knowing the carers so well is great for both of us and in particular my mental wellbeing. They go out of their way to make things nice for [person], like making sure they are wearing the colours [person] likes. It's a bit like they are part of the family. Sometimes they will bring a bunch of flowers or go out and top up the bird feeder or look after the plants. They tell jokes to make [person] laugh. They are a pleasure to have here."

● Care plans incorporated details about people's individual needs including their health, personal care, wellbeing, nutrition, moving around safely and medicines. There was emphasis in promoting independence and encouraging people to do as much for themselves as possible.

● People's care plans were personalised and guided care workers on how they wanted to be cared for. There was specific information for care workers where risks had been identified with clear instructions on how to keep them safe in line with their wishes.

● The management team undertook regular reviews checking if people were satisfied with the care and support provided and if changes were needed. Following reviews care records were updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The registered manager told us they currently did not have to provide anyone with information in a different format such as large print or pictorial prompts, to help aid the person's understanding. They confirmed that if required they would be able to action this request and had done so previously.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives spoke positively about their experience of using the service and said they would recommend the agency, several told us they had done so. One person said, "On the whole they [service] are very good, very caring and understanding, that's half the battle, they almost put themselves in your shoes understanding your needs and making sure you have what you want. I would certainly recommend them." Another person commented, "I certainly would recommend them [service] and really can't think of anything they could do to improve. I am happy with everything at the moment."
- People's feedback about the service was frequently sought through reviews of care, telephone welfare calls and through satisfaction surveys. Records showed that people's comments were valued and used to continually develop the service. This included amending care arrangements if people were not satisfied or wanted a change. One relative shared how accommodating the management team were in adjusting visit times at short notice they said, "Very flexible, will sometimes change things to fit around any [healthcare] appointments."
- Care workers told us they felt supported and listened to by the management team and that suggestions for improvements were encouraged and acted on. One care worker said, "[Management] are always there for us." Another described the management team as, "Really supportive and will listen to feedback and ideas." Whilst a third said, "[Registered manager] is amazing, has been there for me both personally and professionally, and been an absolute rock during Covid-19 ; very supportive and reassuring."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- The registered manager supported by their management team and care workers were committed to delivering a quality service tailored to meet people's individual needs.
- The provider had invested in an electronic monitoring system. This supported live reporting which flagged any problems in real time such as late calls and medicine errors. This enabled the management team to respond quickly to resolve any issues.
- Effective quality assurance systems were in place. A robust programme of audits was in place to enable the identification of any shortfalls in the quality of care people received. For example, people's medicines were audited on both a weekly and monthly basis. Records showed when potential errors had been identified, they were followed up and investigated.

● The management team understood their responsibility to be open and transparent when things had gone wrong. We saw examples where the service had shared incidents with professionals in order to seek advice and recommendations in order to mitigate risk and prevent reoccurrence. Outcomes of these had been shared with staff as lessons learnt.
● Notifiable events had been reported to CQC as required and the registered manager was aware of their responsibilities around this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People and their relatives described feeling valued and listened to. One person said, "[Deputy manager] makes you feel at ease and you can rely on her, she is very organised and gets things done. It is nice to feel there is someone out there to talk to who understands your problems." Another person commented, "I have met the managers they are all very nice. I am not sure they could improve anything. I am sure anything you wanted they would do it for you."
● All staff were encouraged to express their views about the service through team meetings, surveys, supervisions and during the Covid-19 lock down, regular telephone calls. Feedback was discussed and acted on. For example, during the pandemic a suggestion to improve communication resulted in virtual team meeting calls and a secure staff group via a social media platform.
● Positive relationships with a range of professionals to ensure people received consistent care was in place and feedback cited collaborative working arrangements.
● Care workers shared how they had flagged up changes to people's health and wellbeing and these had been followed up by the management team. This had resulted in care plan updates including input of changes from GP's, district nurses and occupational health.
● The service continued to work closely with organisations within the local community to share information and learning around local issues and best practice in care delivery.