NurtureCare Limited

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Inspection report

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Date of inspection visit:
05 December 2017
07 December 2017

Date of publication:
11 January 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This first comprehensive inspection took place on 05 and 07 December 2017 and was announced.

This service is a domiciliary care agency. It provides provides personal and on-going healthcare to babies, children and young adults with complex health needs in Nottinghamshire, Leicestershire and Lincolnshire. On the day of the inspection there were 23 people using the service.

The service had a registered manager. 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.

People's experiences of care were overwhelmingly positive. Relatives told us that staff were very kind, caring and compassionate and often went the extra mile to provide people with exceptional care. The staff were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations. People's care was personalised so that each person's support reflected their diverse needs. We saw that people were at the centre of their care and found clear evidence that their care and support was planned with their families. Each person was treated as an individual and as a result their care was tailored to meet their exact needs.

There was a strong culture within the service of treating people and their families with dignity and respect. The staff and the registered manager were always available and listened to relatives and families and offered them choices and made them feel that they mattered.

Relatives felt that their family members were safe and protected from the risk of avoidable harm. Staff were knowledgeable about the risks of abuse and there were suitable systems in place for recording, reporting and investigating incidents. Risks to people's safety had been assessed and staff understood the risks people could face because of their clinical conditions. There were sufficient staff employed to meet the range of care and support needs of people who used the service. Staff had been recruited using effective recruitment processes so that people were kept safe and free from harm. Medicines were administered, handled and recorded safely.

Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed with families and qualified healthcare professionals to ensure their care was provided in line with best practice and met their diverse needs. There were sufficient numbers of staff, with the correct skill mix to support people with their care. Staff received an induction process before they joined a care package and in addition they also received on-going training to ensure they were

able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when require and received continuing healthcare to meet their needs. People's care and treatment was provided once consent had been obtained in line with the relevant legislation.

Relatives and families were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people and families chose and preferred. Care plans were person centred and reflected how people's needs were to be met. Records showed that families and relatives were involved in the care planning process and the on-going reviews of their care. There was a complaints procedure in place to enable people to raise complaints about the service. Staff provided people and supported families with end of life care which was provided by suitably qualified nurses and healthcare professionals.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt they were well trained and supported by the registered manager. Staff received one to one supervision which gave them an opportunity to share ideas, and exchange information about possible areas for improvements.

The registered manager demonstrated a good understanding of the importance of effective governance processes. There were quality monitoring systems and processes in place to make positive changes, drive future improvement and identify where action needed to be taken. There was an open culture and a clear vision and values and staff told us they were proud to work for the service.

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

This service was safe.

Staff had received safeguarding training and had a good understanding of the different types of abuse and how they would report it.

People had risk assessments in place to keep them safe.

There were sufficient staff to meet people's needs and keep them safe. Thorough recruitment procedures reduced the risks of unsuitable people working with people using the service.

Systems were in place for the safe management of medicines.

People were protected by the prevention and control of infection.

Staff understood their responsibilities to raise concerns and report them.

Is the service effective?

Good

This service was effective.

People's needs and choices were assessed holistically to ensure their support achieved effective outcomes.

Staff were provided with a comprehensive induction, on-going training and support to ensure they always delivered good care.

People were supported to maintain a balanced diet and adequate hydration.

The service had good working relationships with other professionals to ensure that people received consistent, timely and co-ordinated care. People were supported to maintain good health and attend health appointments.

Consent to people's care and treatment was obtained in line with the relevant legislation.

Is the service caring?

Outstanding ☆

This service was very caring.

The staff cared deeply for the people they provided care for. They were kind, caring and compassionate and often went the extra mile to improve people's quality of life.

Staff had an excellent understanding of people's needs and worked with families to ensure they were actively involved in all decisions about their family members care and treatment.

Care was consistently provided in a way which respected families' routines and values.

Is the service responsive?

Good

This service was responsive.

Staff provided individualised care to people and worked closely with families to improve people's quality of life and wellbeing.

People's individual care needs and preferences had been assessed and were being met with the input of specialist nurses and qualified healthcare professionals.

People could be confident that complaints and concerns were taken seriously and dealt with appropriately to promote improvement.

People and families were supported by end of life procedures that was provided by suitably qualified nurses and healthcare professionals.

Is the service well-led?

Good

This service was well-led.

People and families benefitted from a person centred service which actively sought their views and promoted individual well-being, inclusion and openness.

The vision and values of the service were consistently demonstrated by staff.

Good leadership was demonstrated at all levels, the registered manager was supportive and approachable.

There was a range of robust audit systems in place to measure

the quality and care delivered.

NurtureCare Limited

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 inspection took place on 05 and 07 December 2017 and was announced. We provided 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible.

The inspection was undertaken by one inspector.

We did not ask the provider to complete a Provider Information return (PIR) prior to the inspection because it was undertaken at short notice. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information we held about the service and the provider and saw that no recent concerns had been raised.

During the inspection we were unable to speak with any of the people who used the service but we did speak on the telephone with seven relatives of people using the service. In addition we had discussions with eight members of staff that included, the director of clinical services, the registered manager, the lead clinical educator and the administration support manager. We also spoke with a registered nurse and three community support workers

We looked at the care records for six people who used the service to see if they were reflective of their current needs. We reviewed five staff recruitment and training files and four weeks of staff duty rotas. We also looked at further records relating to the management of the service, including quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

Good

Is the service safe?

Our findings

Relatives of people using the service felt their family members were safe and told us that the support they received from staff kept them free from avoidable harm, both inside their homes and when being supported in the wider community. One relative told us, "I do feel that [family member] is very safe with the carers that come. It's very reassuring to know they are coming or that I can contact them." Another relative said, "They do everything we need them to. They are skilled at the job and know what to do. I feel that [family member] is in safe hands."

Staff had a good understanding of the different types of abuse that could occur. They told us they received training on both safeguarding adults and children and records we examined confirmed this. One staff member told us they were aware of the reporting processes that should be used and were confident that any allegations would be fully investigated by the registered manager. They explained, "I would report any concerns straight away to the manager." Another staff member said, "I have reported something I wasn't happy about. It wasn't brushed under the carpet." The registered manager had taken appropriate action in response to safeguarding concerns and investigations.

Risks to people's safety had been assessed and detailed guidance was available for staff within people's care plans. A relative told us, "Risks are taken very seriously. They [meaning staff] look at every eventuality." We saw detailed risk management plans in relation to people's clinical conditions, pain management and moving and handling procedures. Staff felt that there was sufficient information within the risk assessments for them to be able to understand what people's needs were and how they wanted their support to be provided. One staff member said, "I think that the risk assessments are good; they link in with the care plans and tell us what to look out for." We saw that staff had received regular training in moving and handling and relevant clinical procedures specific to the people they cared for. This meant staff knowledge was up to date and followed the most recent best practice guidance to keep people safe.

Records demonstrated that all the equipment the staff used was in good order to provide safe care and these were checked daily. A relative told us staff, "They always check each piece of equipment before they start caring for [family member]." Relatives confirmed that the environment had been assessed prior to any care being provided to ensure the premises was safe for people and staff. We saw completed environmental assessments within people's files.

Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. Accidents were reported directly to the registered manager so that appropriate action could be taken. We saw records of accident reporting records, and saw that these were well recorded and were analysed for any emerging trends, so that where required, action plans could be developed.

Relatives said there were usually enough staff to meet their family member's needs. One relative told us, "I am very happy with the carers we have. We are not fully recruited to [family members] care package yet but I will always step in." The registered manager said that covering short notice absences from work could be a challenge and there were some eventualities when they were not able to provide cover. They described the

strategies they followed to manage this challenge. This included an on line rota system so each family could see the cover that was planned for them. The office maintained good communication with the families and the registered manager was also available to stand in and provide care if necessary.

The registered manager explained that staff were recruited for specific care packages. An initial assessment was completed when a request for a care package was made. It included the number of support hours a person required to meet their diverse needs. This is how staffing levels were determined for each person. Staff were then recruited specifically for a care package which allowed the service to match staff with people and their families appropriately. This also meant that each person received care from a consistent staff team.

We looked at rotas and saw that a staff team for each care package was in place. Staff considered there were enough staff to meet people's needs. One member of staff told us, "I would say that we do have enough staff. I never feel rushed or under pressure. We all help out when there are gaps." The service had just recently undertaken a recruitment drive to ensure sufficient staff could be available to meet people's needs. One relative said, "It is important that staff are chosen, not just for their skills but to make sure they fit in with our family." The registered manager explained that staff were matched to work with the person and their family and there was an introductory period where it was established if there was a suitable match.

Recruitment procedures were thorough to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles. The registered manager explained that staff were recruited for specific care packages. Records confirmed that safe recruitment practices were followed. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained. In the staff records we looked at we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check. All staff were subject to a probationary period before they became permanent members of staff.

We looked at how medicines were recorded and administered. A relative told us, "The staff are well trained. They have to be competent or I wouldn't let them give [family member] their medicines." Other relatives said staff provided care including the administration of medicines to their family members during the night and assessed if any pain relief was needed.

Care plans contained comprehensive information about the details of people's medicines, how they needed to take them including information about possible side effects and any special instructions. For example we saw details about how staff should administer one person's medicines via their percutaneous endoscopic gastrostomy (PEG) tube. (This is a tube which is placed into the stomach. and allows nutrition, fluids and/or medications to be put directly into the stomach). This included checking equipment and the procedure required to be followed by staff.

Staff who administered medicines said they received training on how to administer these in the best way most suited to each person. They also told us they had to be assessed as competent on at least two occasions before they were able to administer people's medicines. Care plans contained risk assessments about the safe administration of people's medicines and also information about any emergency medicines people might need as part of their clinical condition.

Records confirmed that staff received regular medication training and competency checks to ensure they continued to be safe to administer people's medicines. In addition staff carried out regular auditing of medicines to ensure that any errors could be rectified and dealt with in a timely manner.

People were protected by the prevention and control of infection. A relative told us, "They [meaning staff] are scrupulous. They complete regular cleaning of equipment and always wear gloves and aprons." Staff told us they received training in relation to Infection Control and food hygiene and records we looked at confirmed this. Guidance and policies were accessible to staff about Infection Control. In addition staff told us they were regularly supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness and the registered manager said this was delivered to the homes of people receiving a care package.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents and we saw that these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team through team meetings and supervisions if required. We saw that the service reviewed and audited all aspects of the service and communicated any issues with the staff team to ensure lessons were learnt and improvements made. For example, we saw one incident in relation to a medication error. The service had looked at what had happened and had put steps in place to prevent the occurrence happening again.

Good

Is the service effective?

Our findings

People's care was assessed to ensure their needs could be met effectively. The registered manager told us that a holistic assessment was completed by qualified healthcare professionals, including nurses from the service before a care package was organised. Sometimes this was completed while a person was in hospital to prepare for their discharge home. Relatives were also involved in planning how people's needs would then be met within their home environment. One relative said, "They came to the house and involved all the family. It has to be right for all of us." Staff would then be recruited to the specific care package and provided with training so they were competent to meet that person's needs. This ensured that care was only provided by suitable trained staff and was based on up to date legislation, standards and best practice.

Relatives were involved in part of the selection process for every member of staff who had been identified for a care package. Once the staff members had been selected by the family through a meet and greet meeting, they then worked alongside the lead clinical educator and interim nurses (who were in the package) to go through a training programme. Within this training, they had to complete the persons care needs through observation, theory work, practice, being assessed and going through a review to determine whether they were competent and confident to act as a lone worker.

Relatives felt that staff had the appropriate knowledge and skills to provide them with effective care and support. The registered manager explained that each care package had a qualified nurse to take the lead and they provided support, training and advice for the support staff. One relative told us, "They are without a doubt the best there is. They are well trained and are skilled and experienced and very professional." Another relative person explained, "[Family member] has some very specific needs and the staff know the right way to care for them. Without them things would be very difficult."

Staff told us that they were well supported and explained that when they first started working at the service they completed an induction. They also told us that they were able to shadow more experienced staff until they felt confident in their role. One member of staff told us, "All new staff have an induction and shadow a more experienced staff member." Records demonstrated that staff completed a comprehensive induction programme before they commenced work.

We spoke with the lead clinical educator who was responsible for ensuring staff remained up to date with training and practice. They told us they met with families and introduced new staff to them once they had completed all their mandatory training. They explained that part of their role was to ensure staff had the basic training and knowledge before meeting with a person who used the service and their relatives. They said specialist training was provided with the person and they had to be assessed as competent in each area before they could become an active member of the person's care team.

Staff told us that they received refresher training and this benefitted the way in which they delivered care to people. From our discussions with staff and from looking at records we found all staff received a range of appropriate training applicable to their role and the people they were supporting. This gave them the necessary knowledge and skills to look after people properly.

Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance. We looked at staff records that supported this. A staff member told us that supervision was used to help identify any shortfalls in staff practice and identify the need for any additional training and support. They said, "We have regular supervision and I find it very helpful to know how I'm doing."

People were provided with the support they required to ensure they had enough to eat and drink to maintain their health and wellbeing. Relatives explained to us the different methods used by family members when being provided with food and drink. This included using differing tube feeding systems such as percutaneous endoscopic gastrostomy (PEG) as well as by mouth. One relative told us, "[Family member} needs to have their food through their PEG tube. Staff are very good at doing this. They are gentle and caring and always chat with [family member] to let them know what's happening."

Staff told us they supported people in various ways to ensure they were able to eat and drink enough. This varied from preparing meals, making up liquid feeds and using and cleaning feeding systems. A staff member said part of their role was to meet the person's nutritional needs. They described to us how one person they cared for had difficulties with swallowing. They told us they liaised with other healthcare professionals such as dieticians, speech and language therapy (SALT who provide advice on swallowing and choking issues) occupational therapists and peoples doctors. The registered manager told us they completed nutritional and fluid intake forms to help monitor that people were having their planned nutritional and fluid input.

The service worked and communicated with other agencies and staff to enable consistent and person centred care. We saw that people had input from a variety of healthcare professionals to monitor and contribute to their on-going support. For example, we saw that one person had been referred to a physiotherapist and another to an occupational therapist for support to manager their conditions. We also saw that the organisation worked with funding authorities and safeguarding teams around any safeguarding alerts and concerns.

People received care from staff that understood their healthcare needs and knew how to support them with these. Relatives told us staff supported their family members with their healthcare procedures including assistance with their breathing and swallowing. One relative explained, "It's very reassuring to know that staff help [family member] during the night. They are ventilated and staff know just what to do and when to call for help." The registered manager told us that if a person needed support to attend a healthcare appointment staff would be made available to help them. Staff confirmed that they sometimes accompanied people to healthcare appointments.

People's healthcare needs were planned as part of their discharge from hospital and these were embedded into their daily care routines by the nurses who implemented their care packages. The registered manager said staff were prepared on how to respond in the event of a health related emergency and we saw this information contained within peoples care plans.

People who used the service required a relative or other named person who had the legal authority to consent to their care and support. This was usually as part of their planned discharge from hospital, prior to using the service. A relative told us, "I advocate for [family member]." The registered manager said they obtained consent from people's relatives when required. For example, to administer people's medicines.

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 the 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. The application procedure for domiciliary care services is called the Court of Protection. All staff had received training on the MCA. The registered manager understood their responsibilities in relation to the MCA.

Outstanding ☆

Is the service caring?

Our findings

The service was exceptionally caring towards the people they supported. One relative told us, "Our cares are amazing. I have complete faith and trust in them. They are very good and I have peace of mind." Other feedback included, "I can only say it has worked out for the best of us. They [meaning staff] have really fitted in with the family and we feel they are like a family member." Another relative told us, "Without Nurturecare I couldn't cope. I am very grateful that I found them. All the staff are so good, so kind and extremely caring."

We saw compliments received from relatives whose family members had used the service. One read, "[Name of staff member] is amazing. We are extremely happy with their care. They are fantastic with [family member] and they fit in with our home and family."

The continuous training and development staff received had embedded a culture within the staff team that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported. One staff member told us, "We are here to support the child and their family to have the life they deserve. I think as a service we give 100% to our job." Staff clearly all shared this ethos and relatives agreed.

Staff were very passionate about their work and how they supported the people they cared for. They felt welcomed into people's families and valued by relatives. We were informed about one person who had a serious life limiting condition and who Nurturecare had recently taken over their care package. The person over the years had also grown attached to members of their previous care team. Nurturecare recruited the 'trusted' carers from the person's previous provider to ensure they received care from a consistent team of staff. They also introduced a new carer and provided an extended training and shadowing programme with a 'trusted' carer leading the process. We were also told that staff were recruited exclusively for the persons care package and were not utilised in other care packages. This meant the service built a bespoke team around the person to provide consistency of care. We saw that feedback received at the multi-agency 'Team Around the Child' (TAC) meeting was that the package transition had gone a lot more smoothly than anticipated and the atmosphere in the home was more settled.

The registered manager told us that the needs of people and their families were diverse and staff were chosen specifically so they could meet those needs. For example, we saw that one person with certain interests had staff with similar interests. A staff member told us, "The care is tailored here for individuals, we are all different with very different needs, and that's what makes our care so good." The registered manager told us that the staff team was diverse and this was recognised and promoted in all aspects of the service. For example, staff provided cover for each other so that they could celebrate key festivals within their cultures. The registered manager spoke about a culture where all staff were treated equally and this was confirmed by staff who we spoke with.

There was a very strong person-centred culture and staff understood that people were at the heart of the service. We saw numerous incidents where staff went over and above their roles. For example, one person had a great interest in computer games. Due to their deteriorating condition they were experiencing

difficulties using a standard gaming controller. This person received care from some staff who had the same interests. They got together and researched solutions to the difficulties experienced by the person. They were able to re-programme the person's keyboard so it could be used and react in the same way as a normal controller. This meant the person was able to continue to enjoy their interest that many people of their age group enjoyed.

The service had a positive and caring culture which relatives and staff supported and promoted. For example, one person had a life-limiting condition and the organisation had been commissioned to provide qualified children's nursing care overnight. There was an end of life plan in place. During a night shift the person became unwell requiring the nurse on duty to provide a significant amount of care to keep them comfortable. The NHS End of Life team on-call were contacted, and they arranged for a community nurse to visit when they came on duty the following morning. Relatives were distressed and anxious about being left alone with their family member. The nurse stayed with the relatives until the community nurse arrived which was several hours beyond their shift. As a result the nurse was able to handover to the community nurses and the care plan could be changed appropriately, avoiding an admission to hospital. In addition the registered manager was concerned about the nurse being tired and then travelling home, therefore Nurturecare sorted out alternative transport arrangements for them.

The service did not just focus on the person receiving care but the whole family. This allowed then to live as normal a life as possible. For example, staff had supported a person and their family to take a short holiday. This enabled the whole family to enjoy a holiday, alleviating any additional stress and allowing the family to spend quality time together. In addition because the family had the additional support they were able to spend time with siblings without the worry of caring for the person. The extra support also gave the person the chance to join in family activities such as swimming together and other various activities.

Staff demonstrated their awareness of people's likes, dislikes and the care needs of the people who used the service. A staff member talked to us about one person they cared for. They described the person's needs for a rigid routine and how this helped to reduce the person's anxiety. A relative commented, "[Name of staff member] is absolutely brilliant. They know [family member] so well. They can tell if they are worried or anxious and know the strategies to use to help them."
Care plans contained details of how relatives were involved in making decisions about their family members care. For example, we saw that care plans contained a section of 'ground rules' for carers that relatives were asked to complete about the conduct of staff entering their homes. For example we saw one included that no mobile phones were to be used during the provision of care. Care plans also described how people communicated their needs. Daily communication records demonstrated a very kind and sensitive approach from the staff in the care delivery and support. The registered manager explained how the service prided itself on the provision of innovative and inclusive care and that the care provision was dependent on relationships built on trust, choice and control and absolute respect.

Relatives described how staff respected them and their different family values and routines. This included how staff behaved in the homes of families. One relative said, "We have carers who stay overnight. They are always very considerate and try to be as quiet as they can. They respect us as a family and also our home." Staff said discussions about the family routines were included in the initial planning meetings and this helped them to be able to carry out their duties effectively and make everyone feel at ease in the home. Staff told us they carried out their duties in a way to give the person who used the service as much privacy and dignity as possible, whilst ensuring they carried out the required monitoring and observations. One relative told us, "They don't pester and are not intrusive. It works well; like a family."

Relatives felt assured that information about their family members were treated confidentially and

respected by staff. Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "We all know about confidentiality and what can be discussed with whom." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs and worked around family values and routines. Every relative we spoke with said that when their family members care was being planned they were fully involved. One relative told us, "We all worked together which was good. We weren't told what was going to happen; we were asked and listened to."

We found that the service worked hard to provide a care package swiftly when relatives were desperate for their family member to be discharged from hospital. The registered manager informed us about one person who was ready to be discharged from hospital. However they were still oxygen dependant and requiring continuous ventilation via a tracheostomy. With the right care provision and support, it was deemed that they could be cared for within their home environment. During the initial consultation, it was quite clear that the family were desperate to retain a normal life. The service was able to provide a small team of specialist registered nurses as the interim carers so the family could be discharged within a two week timeframe and could be card for at home.

People's care was kept under review and updated when there was a change of circumstances. A relative told us, "If there are any changes to [family member] care the care plans is changed straight away." Another relative said, "I am asked whether I agree with [family members] care plan. Nothing is ever changed without our full agreement." Staff told us the support plans provided the detail they needed to meet people's needs and were kept up to date. Staff were required to sign care plans to show they had read them and were aware about any changes. To keep staff up to date they were sent a text message or email when a care plan had been updated that they needed to read.

Care plans looked holistically at people and recorded how their physical, social and emotional needs were to be met. There was detailed guidance in relation to specific clinical procedures and for staff to follow in emergency situations. Staff told us care plans were very valuable guides to what care and support people needed and therefore needed to be kept up to date so they remained reflective of people's current needs. Relatives also said staff documented the care and support they provided to their family members.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We were told that information could be made available in easy read formats if required.

People were confident if they raised a complaint it would be addressed. One person told us, "I know how to make a complaint. I have spoken out about things when they have not been quite right. They have always been dealt with straight away." Another relative commented, "I would speak with [name of registered manager] if I had any concerns."

We saw that a copy of the complaints procedure was provided to relatives when their family members

commenced a service. This ensured that people had the information they needed if they wished to make a complaint.

The complaints records showed that concerns had been dealt with appropriately because the registered manager had fully investigated the issues, taken action and informed the complainant of the outcome. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

The staff team had received training on end of life and palliative care and a policy was in place to help them support people appropriately. When people were in hospital and relatives wanted them to be discharged quickly an end of life pan was put in place. In addition a Personal Resuscitation Plan was agreed with the relatives which the staff from Nurturecare staff would follow. People's end of life plans included other relevant health care professionals such as specialist nurses, NHS End of Life team and community nurses.

Good

Is the service well-led?

Our findings

There was a positive and open culture at the service. Relatives and staff expressed great confidence in how the service was being run. One relative said, "The manager is very good. She is very quick to respond to anything you need. They work with us all the time." Another relative commented, "The service is extremely well organised and well run." A further comment was, "We have been given peace of mind. [Family member] gets very good care. It doesn't feel like a care package, it's more like family involvement."

Relatives also felt the service addressed issues when needed. They told us they found the service was flexible and responsive to their requests, particularly with changing times of planned visits. One relative told us, "They are flexible. If I need to change things they are usually quick to accommodate it." Another relative said, "If I request a certain carer for a specific occasion they will help out."

Staff told us that the registered manager led by example. One staff member said, "The manager will help out if we need extra help." Staff also told us that there was honesty and transparency from the management team. One member of staff informed us, "We receive feedback in supervisions which is given in a constructive way so that we can improve our practice." Staff told us that the leadership at the service was visible and this inspired them to deliver a quality service to the people who used the service.

Staff were enthusiastic about their roles and were aware of the service's vision and values, which was to ensure that people were at the heart of the service and received quality care in their own environment from staff that were appropriately trained. Staff told us they were well trained and were committed to the care and development of the people they supported. Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "The manager is always available to talk to. If she can't then there is always a nurse or the on-call." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

The registered manager was committed to improving the service and we saw some new initiatives that had been implemented. These included improving communication between staff and relatives by implementing a new system administered by the administration team. This is accessed by a mobile phone app or website. The registered manager informed us about the advantages of this new system such as forward planning staff rotas up to eight weeks in advance. For any shifts that were unassigned, they were listed as open, and eligible staff members would receive email, text and app alerts allowing them to book themselves onto open shifts. Relatives had access to their own rotas so they could see who would be coming to provide care to their family member, but this could not be seen by anyone else. We also saw that a new training area was being made at the premises which was to become an academy for training. The registered manager told us that training could be provided to parents and outsourced to other agencies. This would ensure that staff and relatives received the same consistent training that was up to date and in line with best practice. In addition we found that the registered manager was the winner of the Businesswoman Awards 2016 for the category of Best Healthcare Business Leader in the East Midlands. We were also informed that one of the staff members had won a carers award, beating over 600 applicants. They were nominated by a family

member.

The registered manager demonstrated a commitment to the success of the service. There were arrangements in place for people who used the service, their representatives and staff to provide their views about the care and support they received. Audits had been conducted regularly by the service and there was continual oversight by the provider and the registered manager. Audits had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. Nurturecare had its own Clinical Governance committee which was held monthly. The clinical director and registered manager were board members for the monthly clinical governance meetings. The meeting concentrates on outcomes achieved, incident management, lessons learnt and innovation to services, audit feedback and quality assurance.

We found there were systems in place to check the quality of the care provided. Quality audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. People were regularly asked to comment on the quality of their care. This was undertaken by satisfaction surveys and when staff received spot checks of their work. This was where they were observed working with a person. Feedback was gained from both staff and relatives who also had a part in the quality check. One relative said, "I watch the carers and if I don't feel they are competent then I will say so."
The registered manager told us that they were aware of their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.