

Nursing Direct Healthcare Limited

Nursing Direct Ltd - DCA Office

Inspection report

NWS House
1E High Street
Purley
Surrey
CR8 2AF

Tel: 03305555000

Date of inspection visit:
09 August 2023

Date of publication:
07 September 2023

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?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and autistic people and providers must have regard to it.

About the service:

Nursing Direct Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. People had a wide range of complex nursing needs including people living with moderate to complex learning disability needs. At the time of the inspection it provided a service for 76 people. The Care Quality Commission (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:

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support

People were supported to have maximum choice and control over 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.

Some people using the service and their relatives said communications from the office when staff were late for their calls, could be improved. Other people said communications were good and they said they were informed if staff were going to be late.

Relatives told us they felt they and their family members were safe and were protected from the risk of abuse. The service had appropriate safeguarding procedures. Staff told us they received regular training and they knew how to safeguard people from abuse and the processes that should be followed where concerns arose.

Assessments of people's needs and any risks were carried out and formed part of the care plan. Relatives told us these care plans were reviewed appropriately and drawn up together with themselves. Risk management strategies were in place as part of the assessment and support planning process. This meant risks to people and to staff were minimised and people's care was appropriately delivered to meet their needs.

There were robust recruitment practices in place that meant new staff were safely recruited. There were

sufficient staff levels to meet people's needs.

Appropriate policies and procedures were in place to ensure people received their medicines safely. Comprehensive training was available for staff on the safe administration of medicines. This together with appropriate supervision and monitoring meant when required people received their medicines, it was administered safely and staff had clear guidance to follow.

Right care

The provider had ensured that appropriate training and supervision was available for staff. This included understanding and how to manage best practice for infection control and the use of PPE.

There were systems in place to ensure that accidents, incidents and risks were appropriately recorded. Analysis of the information meant any trends could be identified and actions put in place to reduce the likelihood of events re-occurring in the future.

People and their relatives told us they were supported by a regular team of staff who knew them well and were able to identify their likes and dislikes. They were supported to eat and drink according to their dietary requirements taking into consideration their preferences.

Right culture

People told us they received good quality care from kind and caring staff. They said in most cases their care was delivered by regular staff and this provided the consistency and continuity they needed. They told us they were treated with dignity and respect. They told us staff had the right skills to deliver appropriate care and support.

People were confident that any concerns would be addressed appropriately and resolved by the registered manager. They told us the registered manager welcomed feedback.

People told us they thought the service was well led and that they were very happy with the support they received.

There were effective systems in place to monitor the quality of the service provided to people which ensured good governance. The service had systems in place to notify the appropriate authorities where concerns were identified. The culture of the service was positive, open and person centred.

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

Rating at last inspection and update:

The last rating for this service was good (published July 2018).

Why we inspected:

We undertook this inspection to assess that the service is applying the principles of right support, right care and right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for this service has remained good based on the findings of this inspection.

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 well-led.

Details are in our well-led findings below.

Good ●

Nursing Direct Ltd - DCA Office

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 Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

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 service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since registration. We used this information to plan our inspection.

During the inspection

We visited the offices of this service. We spoke with 7 staff, the nominated individual, the registered manager, the head of compliance and a care coordinator or home care manager. We inspected 5 people's care files and 5 staff files. We also reviewed a variety of records relating to the management of the service. After the inspection we spoke with 15 people who used the service and their relatives on the telephone about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to safeguard people from abuse. These policies and procedures followed best practice. On the day of the inspection staff were in attendance for training for safeguarding people from abuse. We spoke with these staff, they demonstrated a good knowledge of how to recognise abuse and knew what to do should concerns arise. The induction programme for new staff included this training.
- Staff understood the process for dealing with safeguarding concerns appropriately as well as working with the local authority safeguarding team around investigations and any safeguarding plans implemented.
- There were appropriate policies in place for staff to understand how to "whistle-blow". Senior staff were supportive of staff should they need to use this process.

Assessing risk, safety monitoring and management

- Before people were offered a service, an initial assessment was undertaken by senior staff including the registered manager. This assessment involved looking at any risks faced by the person or by the staff supporting them. Person centred risk assessments together with strategies to manage identified risks helped to minimise mobility issues and falls, self-harm, security at home and possible behaviours that may challenge staff. These plans helped to ensure people and staff were safe from harm wherever possible.

Staffing and recruitment

- There were effective recruitment and selection processes in place to ensure staff were safe to work with people. This included application forms, interviews and pre-employment checks which included references from previous employers. Disclosure and Barring Service [DBS] checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use the service.
- People and their relatives told us they thought there was good staff cover to meet the needs of their family members. We saw from the staff rotas, staffing arrangements were adequate to meet the person's needs. Review of the care plans and the time allocated for staff to meet people's needs indicated staff had enough time to carry out the tasks required.

Using medicines safely

- Some people did not require assistance with the administration of their medicines, however for those people who did, they received their medicines safely and as prescribed.
- People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way. Our checks of records showed people consistently received the medicines prescribed to them.

- Senior staff undertook annual competency checks on staff and audits on people's records to make sure staff administered medicines safely.
- There was a policy and procedure in place that provided guidance about the safe administration of medicines. A medicines risk assessment was also completed to help make sure people received their prescribed medicines safely and at the right time.
- Staff received appropriate training on the safe administration of medicines. They told us staff competencies were monitored regularly to help ensure people received their medicines safely. We saw evidence of the process that was in place.

Preventing and controlling infection

- A comprehensive policy and procedure was in place for infection control and food hygiene in people's home and training on both was completed by the staff. They showed us evidence this was part of induction training for new staff.

Learning lessons when things go wrong

- The service had in place an appropriate policy and process for learning from mistakes. Accidents and incidents were analysed and reviewed to check if service and care plans needed to be reviewed. Actions were taken to reduce reoccurrences and to improve service delivery.

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 our last inspection we rated this service as good. At this inspection it remains good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Senior staff told us they spoke with staff to gather their views and to check for any concerns. This was confirmed by staff we spoke with. However, we checked supervision records, which indicated discussions in these meetings was very brief and the sessions were not regular. We noted staff did not receive annual appraisals.
- The nominated individual and the registered manager told us they recognised this and were in the process of introducing a new supervision matrix which would ensure staff received this support on a regular 6-8 weekly basis, in line with best practice. An improved and more detailed new supervision record form had also been recently introduced. Both these measures reflected the improvement needed to support staff more effectively.
- Staff understood their role and responsibilities well. New staff were trained by more experienced staff on how to meet people's individual needs. A relative told us, "All the staff who support us seem to have had the right training."
- Staff received annual training in a wide range of topics to help them understand people's needs, including dementia, health and safety, nutrition and how to use equipment safely. Staff also received specialist training tailored to each person to meet their medical needs.

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

- Prior to people receiving a service the registered manager met with the person and their relatives to assess their needs and identify the level of support they required. Exactly how the support could best be provided was discussed with people and their relatives. After this, care plans were drawn up and agreed with people. Needs and risks were built into people's care plans.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Staff understood people's complex healthcare needs as they had received training and support in relation to them.
- Where people needed support with their health, staff liaised with people's relatives and their GP. Staff were aware of signs of possible infection and would liaise with community nursing teams if they had any concerns, for example, in relation to catheter care.
- Staff supported people to see the healthcare professionals they needed to maintain their health including specialist nurses and GPs.
- Staff provided food and drink to people according to their needs and preferences where this was an

agreed part of their care.

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.

- People received support in line with the MCA. People's consent was obtained prior to support being provided and staff ensured they provided support that people were comfortable with.
- At the time of our inspection no-one was deprived of their liberty.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff were kind and caring and were considerate of people's needs and preferences. Comments from relatives included, "The carers are all very caring and kind", "Very happy with our carers", "Fabulous care."
- Staff understood people well and developed good relationships with them. People received consistency of care from a small number of staff who knew them well.
- Staff told us they were not rushed and had time to interact with people, providing meaningful care.
- Staff received training in equality and diversity and understood people's religious, cultural and social needs. The provider sought staff with particular skills they could use when necessary, such as providing staff who spoke a particular language or who could cook certain cultural foods.

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

- People were supported to express their views and were fully involved in making decisions about their care. People and their relatives were asked for their views on the quality of their care and if any changes were required, they were made. People and the relatives we spoke with confirmed this.
- Comments from relatives included, "We work together as a team to make sure our [family member's] needs are best met" and "Yes, I'd say it goes well. My [family member] is happy with the kind care they receive, we haven't encountered any problems so far."
- Staff provided care in line with people's preferences, including how they liked to receive their personal care and their food and drink. The registered manager told us, "Staff follow the guidance set out in people's care plans. These can be accessed on staff's phones. This helps staff to know exactly what to do when they arrive." People confirmed this and told us staff asked them if they needed anything else to be done for them on the day.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, particularly when supporting them with personal care. People's comments included, "Staff respect [family member's] privacy when they help them with personal care". "They give me time and space and they also respect my dignity, which is important for me."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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; support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation

- Care plans were personalised, detailing health needs, backgrounds and people who were important to them. Care plans were kept up to date so they remained reliable for staff to follow.
- People and their relatives said they were fully involved in planning their care and support needs. They said they were given choices as to how their care and support was provided. People's records reflected their preferences and choices for how and when they received support, taking account of their specific needs. Staff we spoke with said they helped people to make their own decisions about their care provision wherever possible.
- Staff understood people's needs and how these should be met. One relative said, "This is why we like regular carers. It's because they know [family member] really well." Another relative told us, "Staff seem to have a good understanding of [family member's] needs."
- Staff told us they always recorded the care and support they provided to people. The registered manager said they reviewed these records to make sure people were receiving the care and support planned.
- People's records contained information for staff about the important relationships in people's lives and how people should be supported to maintain these.

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 provider met the AIS and key information was provided to people in alternative formats if necessary.
- The registered manager regularly spoke to staff about AIS and implemented appropriate methods of communication with people where required.
- Care plans detailed people's individual communication needs. Improving care quality in response to complaints or concerns
- The service had systems in place to deal with concerns and complaints, investigate them, learn lessons from the results and to share learning with the staff team in team meetings or individual staff supervision.
- The registered manager showed us their complaints records and we saw issues and concerns were resolved to the satisfaction of all parties.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints policy and procedure in place that people and staff were aware of. People said they knew how to raise any concerns or complaints they might have and they said they were confident issues were dealt with quickly and swiftly.
- Where there were complaints, the registered manager was able to demonstrate what action was taken, in a timely way and resolved for all involved.
- Relatives told us that they knew how to raise concerns and were confident that they would be dealt with appropriately.

End of life care and support

- People were not routinely asked about their wishes for the support they wanted to receive at the end of their life. The registered manager told us this information was collected and recorded on people's records where appropriate. This was to ensure staff knew what to do to make sure people's wishes and choices were respected at the appropriate time.
- None of the people using the service required end of life care and support at the time of this inspection

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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. Leaders and the culture they created promoted high quality, person centred care

- Some people using the service and their relatives said communications from the office when staff were late for their calls, could be improved. Other people said communications were good. The registered manager and the nominated individual said they would ensure communications in these areas with people were improved. Either when staff were likely to be late or when different staff had to be allocated for planned visits.
- People and their relatives were happy with the care and support they received. They told us the registered manager had a positive attitude and they felt able to communicate any concerns or changes they required in their care packages.
- The provider made regular checks in other areas to monitor the quality of the care and support being provided. They said the provider worked well with the local authority and held regular reviews which helped to ensure their needs were met.

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave people appropriate support and applied duty of candour where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.
- There were systems in place to review and improve the quality of service provision. This included regular communication with people who used the services via telephone calls from the registered manager and senior staff.
- The quality assurance systems in place helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- Staff were well supported with good training and one to one supervision.
- Regular monitoring visits of staff practice were undertaken by the registered manager and senior staff. This enabled the registered manager to monitor how staff were working practically with the person as well as checking time keeping and monitoring their performance. In this way they were able to ensure improvements were made where necessary.

Continuous learning and improving care

- The registered manager and the office manager were committed to continuous learning and improvement.

Working in partnership with others

- The provider worked mainly in partnership with Integrated Care Boards (ICB's) but also with local authorities which funded some people's packages of care. Some people who also used the service were private clients. We saw examples of good joint working with social workers and district nurses as well as GPs. This meant people received the coordinated care they needed.
- People and their relatives spoke positively about the joint working between other services and this provider. Comments we received reflected this, "We are very happy with the joint care and support we receive," and "No problems at all, it's worked out really well."