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Right Nurse Care Services

Inspection report

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Date of inspection visit:
18 September 2018

Date of publication:
05 October 2018

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 carried out this inspection on 18 September 2018. The inspection was announced a few days in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. At the last inspection, in April 2018, the service was rated Good. At this inspection we found the service remained Good.

Right Nurse Care Services provides personal care to people living in their own homes in the community. Services are provided across Cornwall to adults of all ages who have a range of complex needs, including physical disabilities, learning disabilities, mental health needs and dementia. At the time of our inspection the service was delivering 475.5 hours per week for eight people. These services were funded either privately, through Cornwall Council or NHS funding.

People were unable to us about their experiences of using the service due to their complex health needs. However, people's families told us they were happy with the care their relative received and believed it was a safe reliable service. Comments included, "The service is very reliable and I am confident that the team can deal with any unforeseen circumstances" and "Very happy with the service provided."

People were treated respectfully and staff asked how they wanted their care and support to be provided. Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People who needed help taking their medicines were appropriately supported by staff.

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.

People were supported by dedicated staff teams who were employed and trained to work specifically with each person using the service. There were suitable arrangements in place to cover for staff absences, this included office staff covering shifts and a group of care staff who had been trained to work in multiple teams. Relatives told us, "The team are very 'stable' and dad is very familiar with them all" and "Generally speaking there is a consistent team caring for my sister, some of whom have been doing it for years."

The service acted within the legal framework of the Mental Capacity Act 2005(MCA). Management and staff understood how to ensure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff had received training in how to recognise and report abuse. All were clear about how to report any

concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

The service had robust recruitment practices, which meant staff were employed suitable to work with vulnerable people. Training records showed staff had been provided with all the necessary training which had been refreshed regularly. Staff told us they found the training to be beneficial to their role. Staff said they were encouraged to attend training to develop their skills, and their career.

Staff told us they enjoyed their work and received regular supervision, appraisals and training. Staff were complimentary about the management team and how they were supported to carry out their work. The management team were also clearly committed to providing a good service for people.

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. Relatives told us they knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Right Nurse Care Services

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.

The inspection of Right Nurse Care Services took place on 18 September 2018. The inspection was announced a few days advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The inspection was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager/provider and the deputy manager. We looked at four records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Due to people's complex health needs they were unable to us about their experiences of using the service. Following the visit to the provider's office we spoke with five relatives and four care staff.

Good

Is the service safe?

Our findings

People were unable to us about their experiences of using the service due to their complex health needs. However, people's families told us they were happy with the care their relative received and believed it was a safe reliable service. Comments included, "The service is very reliable and I am confident that the team can deal with any unforeseen circumstances" and "Very happy with the service provided."

People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures inside and outside of the organisation. If staff had any concerns they were confident the registered manager would take the appropriate action.

There was an equality and diversity policy in place and staff received training in the Equality Act legislation. Staff told us they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

People were supported by dedicated staff teams who were employed and trained to work specifically with each person using the service. Rotas were arranged on a two weekly basis and people and their relatives were informed of the names of staff attending each visit. There were suitable arrangements in place to cover for staff absences, this included office staff covering shifts and a group of care staff who had been trained to work in multiple teams. This helped to ensure that people still received a consistent service when their regular workers were not available.

There were suitable arrangements in place for people and staff to contact the service outside of when the office was closed. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. Relatives told us telephones were always answered, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, directions of how to find people's homes and entry instructions. Staff told us information about any potential risks, associated with the environment or the tasks to be undertaken, were given to them before they completed their first visit to people. The service's lone working policy guided staff about how to keep themselves safe while working in the community.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge others. Care records and risk assessments contained information for staff about what might trigger people to become distressed so staff could try to avoid this occurring and what to do when incidents took place. For example, one person's care plan stated, "Talk calmly and allow me time to calm down."

If accidents and incidents took place in people's homes staff recorded details of the incident in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

People were safely supported with their medicines if required. The arrangements for the prompting and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the level of support people would need to take them. All staff had received training in the administration of medicines which was regularly refreshed. The service had a medicines policy which was accessible to staff.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Good

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a programme to make sure staff received appropriate training and refresher training was kept up to date.

There was a system in place to support staff working at Right Nurse. This included regular support through one-to-one supervision, annual appraisals and observations of their working practices. Staff told us they felt supported by the management. They confirmed they had regular one-to-one meetings and an annual appraisal to discuss their work and training needs.

The induction of new members of staff was effective and fully complied with the requirements of the Care Certificate. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff were recruited to work with specific people and any training needed to support the individual was provided for them. The management also checked staff competency in any skills or knowledge required to meet individual people's needs before they started to work with them.

Staff supported people to access healthcare appointments if needed. This included healthcare professionals such as GPs, occupational therapists, dentists and district nurses to provide additional support when required. Each person had a 'health action summary' that recorded when health appointments were due and which health service was responsible for any specific on-going health needs. This helped to prompt people and staff when appointments needed to be arranged and who to contact for any healthcare advice.

Staff supported some people at mealtimes to access food and drink of their choice. These people's care plans included information about people's dietary preferences. Staff had received training in food safety and were aware of safe food handling practices.

People's needs and choices were assessed before they started to use the service. This helped ensure people's needs and expectations could be met by Right Nurse. Relatives told us they were confident that staff knew people well and understood how to meet their needs.

Management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse support. Care records showed that people, or their legal representative, signed to give their consent to the care and support provided. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. When decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

Good

Is the service caring?

Our findings

All family members we spoke with told us staff were caring in the way they supported their relative. Comments included, "I have daily contact with whomever is on duty with dad. I text them to ascertain the best times to FaceTime him", "Their care has been amazing" and "Staff put [person] first."

People were supported by a dedicated team of staff who had been introduced before starting to work with them. If regular staff were not available they were, as much as possible, replaced by staff who had previously worked with the person. This meant people received care from staff who were known to them. Relatives told us, "In addition to the 'regulars' Right Nurse have a second tier of staff, who have worked with dad from time to time, so that absences may be covered and he experiences as few unfamiliar faces as possible", "Generally speaking there is a consistent team caring for my sister, some of whom have been doing it for years" and "[Person] has the same staff."

The service provided to each person was person-centred and based upon their specific needs. Care plans contained detailed information so staff could understand people's needs, likes and dislikes. Care and support was provided in line with those needs and wishes. Staff had a good knowledge and in-depth understanding of people's needs. Staff were motivated and clearly passionate about making a difference to people's lives.

Care plans also contained information about people's life histories and backgrounds. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people.

Some people using the service had limited verbal communication due to their health needs. These people's care plans contained information for staff about how different gestures and facial expressions might indicate whether the person was happy, distressed or in pain. This helped staff to understand how people might be communicating their needs and wishes and provide support that met their needs.

Staff supported some people to achieve their goals and ambitions. For example, a relative told us how staff had worked with the person since they had moved into their own home. The person wanted to learn how to manage their finances better and complete daily living tasks so they could become more independent. The relatives said, "He now makes his own sandwiches to take out with him, which means he has learnt a new skill as well as saving money."

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The registered manager/provider and staff said everyone would be treated as individuals, according to their needs.

People's confidential personal information was stored securely in the office. Information about people's

care was anonymised when communicated to staff to protect people's confidentiality.

Good

Is the service responsive?

Our findings

Before using the service the registered manager visited people to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

People's care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were carrying out.

Staff told us care plans contained the information they needed to provide care and support for people. Any changes in people's needs were updated in their care plans and communicated to staff in a timely manner. Staff were encouraged to update the management team as people's needs changed and they told us that management always acted on any information given.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. Where people received 24 hour support handovers took place to help ensure all staff were aware of any changes.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately.

Relatives told us they knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. Some people had told the service that they did not want a particular care

worker to visit them. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request.

Good

Is the service well-led?

Our findings

A registered manager was in post who had the overall responsibility for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was also the registered provider. They were supported, in the running of the service, by a management team that consisted of a deputy manager, office manager, supervisor and administrative staff.

There was a positive culture within the staff team and staff spoke passionately about their work. The management team were also clearly committed to providing a good service for people. Staff were complimentary about the managers and how they were supported to carry out their work. Comments from staff included, "Management are approachable and we have regular meetings" and "Managers are always available on the phone."

Families we spoke with were complimentary about the care and support their relative received. Comments included, "I regularly deal with all members of the Right Nurse office staff regarding budgeting, rotas etc. I have the owner's direct number to call should the need arise", "The office contacts me if anything needs to be discussed and are easy to reach if I need to speak to them" and "We would recommend Right Nurse to anyone."

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, regular staff meetings, supervisions and when working with members of the management team. Staff said that management listened to their feedback and acted upon it.

The management team strived to continually improve the quality of service provided. There were robust processes in place to seek people's views on the service and monitor the quality of the service. Feedback from people through surveys and informal feedback were used to continuously drive improvement.

The management team monitored the quality of the service provided by regularly speaking with people, or their representatives, to ensure they were happy with the service they received. Relatives told us someone from the office rang and visited them regularly to ask about their views of the service. The management team worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.