Consultus Care and Nursing Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 07 and 09 June 2016 by one inspector. It was an announced inspection.

Consultus Care And Nursing Ltd is registered to provide nursing care to people in their own homes. We inspect the part of the service that provides live-in nursing care to people, and not the part of the service that recruits self-employed care workers as this part is not registered with, nor is regulated by the Care Quality Commission. At the time of this inspection, 15 people received live-in nursing care country-wide in England and Wales.

There was a newly registered manager who had been in post for five months. 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.

Staff were trained in how to protect people from abuse and harm. They were aware of the procedures to follow in case of abuse or suspicion of abuse, whistle blowing and bullying.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of re-occurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs and ensured continuity of one to one support. Thorough recruitment practice was followed to ensure staff were suitable for their role.

Records relevant to the administration of medicines or the supervision of medicines were monitored. This ensured they were accurately kept and medicines were administered to people and taken by people safely according to their individual needs.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before nursing care was provided. This ensured that the nurses could provide care in a way that met people's particular needs and wishes.

Staff had received all training relevant to their registered nurses qualification, and had the opportunity to receive further training specific to the needs of the people they supported. They received regular one to one support from a team of consultant nurses, to ensure they were supported while they carried out their role. They received an annual appraisal of their performance.

All nursing staff and management were trained in the principles of the Mental Capacity Act 2005 (MCA) and

were knowledgeable about the requirements of the legislation. People's mental capacity was assessed and meetings were held in their best interest when appropriate.

Staff sought and obtained people's consent before they provided support. When people declined or changed their mind, their wishes were respected.

Staff supported people when they planned their individual menus and ensured people made informed choices that promoted their health. They knew about people's dietary preferences and restrictions.

Staff used inclusive methods of communication. Relatives told us that nurses communicated effectively with people, responded to their needs promptly and treated them with kindness and respect. Relatives told us that people were satisfied with how their nursing care was provided. Clear information about the service, the management, and how to complain was provided to people. Information was available in a format that met people's needs.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual plans of nursing care, likes and dislikes and reflected how people wanted their nursing care to be delivered.

Staff promoted people's independence, encouraged them to do as much as possible for themselves. Comments from relatives included, "The nurse managed to get our mother do things her family was unable to get her to do, so we are very impressed."

People's individual assessments and support plans were reviewed regularly with their participation or their representatives' involvement. A relative told us, "We are definitely involved and we have a say with everything that is going on." People's support plans were updated when their needs changed to make sure they received the support they needed.

The provider took account of people's complaints, comments and suggestions. People's views were sought and acted upon. The provider sent questionnaires regularly to people, their legal representatives and staff. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued and supported under the manager's leadership. There was honesty and transparency from management when mistakes occurred. The manager notified the Care Quality Commission of any significant events that affected people or the service. Comprehensive quality assurance audits were carried out to identify how the service could improve and action was taken to implement improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained in the safeguarding of adults and were knowledgeable about the procedures to follow to keep people safe.

Staff knew about and used policies and guidance to minimise the risks associated with people's support. Risk assessments were centred on the needs of the individuals and clear measures were applied in practice to minimise these risks.

Thorough staff recruitment procedures were followed in practice. Medicines were administered safely.

Is the service effective?

Good

The service was effective.

All nursing staff had completed essential training relevant to their nurses' qualifications and registration, and had received mandatory training provided by the provider.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were referred to healthcare professionals promptly when required.

Is the service caring?

Good

The service was caring. Staff promoted people's independence and encouraged them to make their own decisions.

Relatives told us that live-in nurses communicated effectively with people, responded to their needs promptly, and treated them with kindness, sensitivity and respect.

Clear information was provided to people about the service. People were fully involved in the planning of their support and staff provided clear explanations to support people's decisions.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before nursing care was provided. People's support was personalised to reflect their wishes and what was important to them. Support plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted on.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focussed on people. The manager sought people and staff feedback and welcomed their suggestions for improvement.

Staff had confidence in the manager's response when they had any concerns.

There was a system of quality assurance in place. The registered manager carried out audits of several aspects of the service to identify where improvements to the service could be made.

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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 checked 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 was carried out on 07 and 09 June and was announced. We gave short notice of our inspection to ensure people we needed to speak with were available. The inspection team consisted of one inspector.

The manager had not received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we made the judgements in this report. Before our inspection we looked at records that were sent to us by the manager to inform us of significant changes and events. We also reviewed our previous inspection report.

We spoke with the registered manager, two nurse consultants and a nursing personal assistant in the office, and four live-in nurses over the phone. People who received nursing care were not available to converse with us over the phone due to ill health. We spoke with four of their relatives to obtain their feedback about their experience of the service.

We looked at records which included those related to people's care, staff management, staff recruitment and quality of the service. We looked at people's assessments of needs and care plans. We looked at the satisfaction surveys that had been carried out and at the services' policies and procedures.

At our last inspection on 23 September 2013 no concerns had been identified.

Good

Is the service safe?

Our findings

Relatives told us that they had confidence in their loved ones' safety while being cared for by Consultus staff. They told us, "The family have total peace of mind since they stepped in" and, "It is a relief to know there is 24hour care in place so any emergencies can be covered."

Advice and guidance was provided without delay to make sure people were cared for safely.
People's individual needs were assessed by the nurse consultants to ensure that people's medical needs could safely be met by a live-in nurse. A sufficient number of nurses was deployed to meet people's needs. The service had 49 nurses on their books and 15 nurses were caring for 15 people. A team of four nurse consultants and two nursing personal assistants worked in shifts to ensure nurses could access guidance and support during office hours. The registered manager and the four nurse consultants took turn to respond to out of hours enquiries and people were made aware of their contact details.

People's medicines were managed so that they received them safely. The service held a policy for the administration of medicines that was regularly reviewed and current. Nurses had received appropriate training in the recording, handling, safe keeping, administration and disposal of medicines. People's needs and their wishes relevant to their medicines were assessed and reviewed. Clear instructions for nurses were included in people's support plans about people's prescribed medicines, and 'as required' medicines. All medicines administration records (MARs) were sent to the office for auditing upon completion. The MARs were fully completed and appropriately recorded. When an error in the administration of a medicine had happened, this had been appropriately reported and followed up with a visit by a nurse consultant. Care plans were appropriately updated after GPs or consultants reviewed people's medicines.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. The service's safeguarding policy had been reviewed in June 2016. It was comprehensive and guided by the latest Kent and Medway safeguarding vulnerable adults' guidance. It reflected local authority updates and staff knew where to locate all policies relevant to the service. The safeguarding of vulnerable adults was included in the nurses' mandatory training and their training was up to date. A nurse told us, "We know what to do if we have any concerns about anyone's safety." People's care plans included the contact details of each local safeguarding team for reference if needed. This ensured that abuse or suspicion of abuse could be reported without delay to keep people as safe as possible.

Recruitment procedures included thorough face to face interviewing, checking employment references, carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with adults. Gaps in employment history were explained. Nurses also gave proof of their immunity in regard to varicella, tuberculosis, measles, mumps, rubella and Hepatitis B virus. The registered manager told us, "We only recruit nurses who have at least three years post-registration experience." Disciplinary procedures were in place if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. These assessments included clear measures to reduce the risks and appropriate guidance for staff. Staff followed this guidance and recommendations in practice to keep people safe. A risk assessment had been carried out for a person who displayed behaviour that may challenge on occasions. Control measures included distraction strategies and reassurance. Another risk assessment was in place for a person who felt anxious if left alone for any period of time. The control measure included the nurse attendance at all times. When people were assessed as being at risk of falls, there were clear instructions for nurses to follow such as supporting them to use their walking aids, using breathing exercises to alleviate anxiety, and providing encouragement.

There were risk assessments concerning people's homes and equipment. Care plans included where the gas and electricity mains were located for quick access. Potential hazards were identified in regard to food preparation, laundry processes, changing bed linen, managing pets and shopping. When people had specialist equipment such as electric beds and air flow mattresses, nurses checked these were in correct working order and adjusted to the correct settings.

Accidents and incidents were recorded and communicated without delay by the live-in nurses to the office. The nurse consultants discussed the circumstances with the nurses and recorded the action that had been taken, to check that their response had been appropriate. Recommendations for any follow up were recorded and copies of these were sent to the person's home, kept in the office and in the staff file. The registered manager carried out a regular audit of all accidents and incidents. As a result of an audit where a pattern of incidents had been identified, more support was offered to a person at night-time.

The office was secure and protected by a close circuit television system and an alarm system. There were six fire extinguishers in place that were regularly serviced. A fire drill for staff was scheduled to take place and staff were aware of the assembly point in case of an evacuation. The provider had an appropriate business contingency plan specific to the service that addressed possible emergencies such as fire and relocation, loss of electricity, IT failure and loss of computerised data.

Checks were made to ensure staff followed the service's infection control policy, and to identify whether nurses experienced any difficulties. These checks addressed hand hygiene, the wearing of protective personal equipment, the management of clinical waste and of the disposal of sharp instruments. When a person had acquired an infection that was particularly resistant to treatment, all precautions had been taken to prevent the spread of the infection. The registered manager had carried out recent infection control audit to identify whether improvements could be made.

Good

Is the service effective?

Our findings

Staff provided support effectively to people and followed specific instructions in their care plans to meet their individual needs. Relatives told us, "Everything has been well planned, the nurse does exactly what has been agreed" and, "I am kept fully informed of any developments, they are very efficient." A relative had commented, "The nurse was brilliant; he got on so well with my mother on an emotional and professional level and would love to have him back."

Staff had appropriate training and experience to support people with their individual needs. The service recruited nurses who had three years post registration experience and who had been working continually with no extended employment breaks. Therefore staff knowledge and skills were current and maintained.

Staff provided care using their skills and knowledge relevant to people's needs. Nurses had a half day induction day with a nurse consultant before starting work. All nurses employed were registered nurses. The Nursing & Midwifery Council (NMC) require that nurses develop and maintain a continuing professional development plan that meets their needs. The service offered a programme of essential annual classroom-based training through an external training company, that included health and safety, fire safety, infection control, food hygiene, safeguarding, and conflict management. The training for manual handling and cardio pulmonary resuscitation (CPR) included practical sessions.

Staff were provided with comprehensive handbooks that addressed every aspect of working with the service, the policies and procedures and the training required. Nurses were referred online to the NMC standards of conduct, performance and ethics for nurses, standards for medicines management and safeguarding adults, and hard copies were available in the office. Staff had to provide their training certificates to evidence their training was up to date and a monitoring system alerted nurse consultants when nurses needed to book refresher courses. Special training was recommended before staff started work with people who may have sensory loss, learning disabilities, mental health difficulties, dementia or behaviour that challenge. A nurse had gone to work half a day in a local hospital where a person was staying, in order to familiarise themselves with a certain technique of care before the person was discharged home.

Nurses' specialist training and experience were taken into account when the service allocated a nurse to a particular placement. For example, whenever possible, people were provided with nurses who had specific training and experience in their particular illnesses or conditions, such as oncology and chemotherapy, cardiac or end of life care, diabetes or chronic obstructive pulmonary disease.

All staff received one to one supervision on a regular basis. The nurse consultants explained how, due to the nurses' geographical locations, support was mainly provided over the phone. They called the nurses the day after they had started in a placement and regularly thereafter. They told us, "As often as it is needed; on a typical long standing placement we phone the nurses once a month, and if there are any problems, every day. For example, a nurse may need a change and needs to be replaced, and we discuss this with them." Additional support was provided to nurses after people had died. A nurse told us, "I feel comfortable ringing

the nurse consultants if I have any concerns." All staff were scheduled for an annual appraisal to appraise their performance. This ensured that staff were supported to carry out their roles effectively.

Attention was paid to ensuring nurses were comfortable in their role. As part of their interviews, questions were asked about staff coping with possible isolation. The service provided information to nurses to help them make an informed decision about whether to accept an assignment. At each placement they were provided with a handover covering all aspects of the person's needs. When a nurse took over from another, they held a two hour face to face comprehensive handover.

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 discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. A system was in place to assess people's mental capacity for specific decisions. Such assessments were followed by best interest meetings to make decisions on people's behalf when appropriate. A mental capacity assessment had been appropriately documented when a person had made a particular decision that may affect their health.

Staff sought and obtained people's consent before they helped them. One relative told us, "The nurses are very respectful about consent, they do not proceed before having made sure beforehand." A person needed encouragement with getting washed and showered and when they declined, this was respected. However, they checked again a while later and approached the proposal differently to see if the person would change their mind. With such an effective approach, people could be confident that their wishes and refusals were respected.

People's needs were assessed, recorded and communicated to staff effectively. There were handovers and a communication book at each of the shared houses to ensure information about people's support was communicated effectively between shifts. This was supplemented by an electronic email system. All the staff we spoke with were knowledgeable of the specific needs of people and communicated well with them. They told us, "We get to know each person so well that we know how best to communicate with them."

Specific communication methods were used by staff. One person's communication care plan had listed objectives such as improving their speech, comprehension and decrease frustration. The Action plan to reach these objectives recommended staff to allow the person time to express themselves, to maintain good eye contact and let them know they were being listened to. It also included, 'Let them know that their contribution is valid in decision-making.' Another person mobility care plan included recommendations to staff to talk through each procedure and repeat, to ensure good communication. A relative told us this method was used in practice.

Staff supported people with their nutrition needs when that had been agreed by people and their legal representatives. When nurses prepared and provided meals, menus were planned in partnership with people. A nurse told us, "The meals are based around what people need and want, whatever they want really." Nutrition care plans indicated clearly when people had specific dietary requirements or when they needed a soft diet. A relative told us, "The nurse is actually a very good cook, and she presents the meals nicely so the food is attractive." One person was at risk of choking and the live-in nurse had contacted the GP to ensure a referral to a speech and language therapist was carried out. Nurses helped people to obtain specialist equipment and liaised with other internal services such as a manual and handling team.

People were involved in the regular monitoring of their health. People were registered with their own GP, dentist and optician. People were assisted by nurses when they needed to be reminded about appointments with health care professionals or when they wished to be accompanied. Nurses referred people to occupational therapists, GPS and dieticians. Staff ensured that people's good health was promoted in practice. For example, when a person had been assessed as using an empty inhaler, their live-in nurses had ensured there was an accessible supply of inhalers full and ready to use. A person who had been approaching the end of their life was not eating nor drinking, and the service had allocated a nurse specialised in end of life care. The nurses had supported the person to resume as much independence as possible, and this person was now able to sit up and feed herself with supervision. The nurse consultants told us, "This has greatly improved this person's quality of life; she is now communicating more easily and a physiotherapist is due to assess whether this person could get out of bed if she wishes."

Good

Is the service caring?

Our findings

All the relatives we spoke with told us they were consistently satisfied with the way staff supported their loved ones. They told us, "The nurses we get from Consultus are very caring, very kind" and, "The nurses focus on the positive in a person, always noticing progress and they provide a lot of encouragement." Other relatives had commented, "We are very grateful for the kindness, gentleness and discretion of the nurse" and terms such as, 'fantastic, compassionate, exemplary, caring, a rock during difficult times, and absolutely wonderful' were used to describe the nurses that had helped and supported people.

Positive caring relationships were developed with people. Nurse consultant told us that providing live-in nursing care was also an opportunity to build up a caring relationship with people and their families over several days, weeks, months and sometimes years. A relative told us how a nurse was always smiling and engaging in appropriate humorous conversations with the person they looked after, in order to raise their mood. One nurse told us, "We are bound to become attached sometimes, as you can share significant moments with our clients, but we always respect our professional boundaries."

Care plans showed that staff promoted people's independence and encouraged people to do as much as possible for themselves and reach their chosen goals. A person aimed to walk independently. The live-in nurse followed the recommendations in the care plan, such as encouraging the person to practice their physiotherapy exercises, taking steps to carry out small tasks in the kitchen and walk in the garden with supervision. A nurse consultant told us, "Our nurses focus on one to one in their environment and always encourage people to be as independent as they can."

Clear information was provided to people about the service, in a format that was suitable for people's needs. People were provided with a comprehensive information pack that included a nursing brochure, a guide to live-in nursing services, the terms of business and the fees. The provider maintained a website that was informative and easy to navigate. The service produced a newsletter for staff that included accounts of staff events, summaries of presentations and conferences, introductions of new recruits, training options, reports of charity runs and challenges, volunteering experiences undertaken by staff, and recipes.

People and their relatives when appropriate were involved in the planning of their nursing care before they used the service. They actively participated in reviews of care plan which were also updated whenever they wished. A relative told us how their loved one's care plan had been adjusted to accommodate a certain behaviour that challenged, and how they were kept fully informed and involved with any updates.

The nurse consultants knew how to access advocacy services in each region where the nursing care was provided. However, this had not been necessary to date. An advocate can help people express their views when no family or legal representative is available to assist them.
People's privacy was respected and people were supported in a way that respected their dignity. The nurses had received training in respecting people's privacy, dignity and confidentiality. They ensured that people's privacy was respected effectively. A nurse told us, "It's all about courtesy and respect." The service's policy included current guidance regarding the use of social media and data protection. This provided clear

boundaries for staff to respect and protect people's privacy.

When people needed end of life care, a specific assessment of their needs was carried out and an end of life care plan was developed. Nurses consultants enquired whether people had made any decisions in advance about resuscitation, recorded these wishes and the location of any relevant documentation in their home. They signposted people to their local hospice and nurses worked in partnership with local hospice palliative teams, managing people's symptoms and following their pain management plan.

Good

Is the service responsive?

Our findings

People received support that was responsive to their individual needs. Relatives told us, "They take the trouble to get to know as much of the client as possible beforehand and this helps a lot" and, "The nurses got to know X [my relative] very well and are quick to respond to any situations." A relative's comment included, "X [nurse] has been absolutely brilliant instantly gained my mother's confidence and trust and supported her in her final days with the most amazing grace, empathy and professionalism."

The nurse consultants met with people and their families when they were able, and carried out comprehensive assessments of people's needs and associated risks before any nursing care was provided. Most assessments were carried out by phone. These addressed needs relevant to their health, communication, likes, dislikes and preferences. The staff were made aware of these assessments to ensure they were knowledgeable about people's particular needs before they provided support and nursing care. These assessments were developed into individualised care plans and reviewed once the live-in nurse was in place. Staff contributed to the development and updates of these plans as they increased their own knowledge of people's nursing needs and personalities. As nurses followed care plans that were person-centred, they responded to people's individual needs.

Attention was paid to what people used to do before they became ill, and to their life history. There were details of where they had travelled, their favourite hobbies and interests, and of the names and ages of their grandchildren and great grandchildren. This enabled staff to get to know people and value their experiences and perspectives. People's individual assessments and care plans were reviewed regularly and updated appropriately when their needs had changed. People or their legal representatives were involved with these reviews and were informed in advance when the reviews were scheduled. This ensured people were able to think in advance about any changes they may wish to implement. People were offered choice and options. For example, if they preferred to have a female or male nurse, and if they chose to extend the length of their booking.

The whole nursing team were aware of any changes in people's care. Nurses completed daily logs and weekly summary of any activity. These summaries were sent to the office and included comprehensive accounts of people's current state in regard to their communication, breathing, nutrition, continence, body temperature, sleeping and mobility. Nurses added comments about changes in medicines, hospital appointments and of contact made by any other healthcare professionals.

People's nursing care and support was planned taking account of their preferences and what was important to them, such as the goals they wished to achieve. Care plans were developed with people's full involvement and included their specific requests about how they wished to have their nursing care and support provided. People's care plans included their preferences about food, routine, and anything that was important to them. For example, a person whose needs had been assessed in hospital had looked forward to having a glass of wine at supper time and their cat on their bed. This had been implemented by the live-in nurse. Another person had wished to manage their continence needs independently, and the nurse was working with the person towards them achieving that goal. A person had stated that liked a particular morning

routine and this was respected. When people had requested nurses not to wear their uniform, this was respected. A relative told us, "They pay attention to what people like and how they want things to happen."

Although nurses provided nursing care, they sometimes accompanied people during activities when their health permitted. A person had gone on holidays with a nurse and another had been accompanied by a nurse to go to a wedding. When people wished to go out for a coffee, to the shops or visiting friends, their live-in nurse accompanied them so as to ensure continuity of nursing care.

People's views were sought and acted on. A satisfaction questionnaire was sent to people within the first two weeks of their live-in nurse having started work. Nurse consultants enquired about people's satisfaction about their nursing care at each review of their care plan. Additional annual questionnaires were sent to people, that sought their views on the service's delivery of support and care. The last satisfaction survey had been carried out in June 2015 and a new one was in progress. The results were audited by the registered manager and the last results indicated people were very satisfied with the nursing care provided. Two suggestions made by relatives about invoices and documentation of shift hours had been implemented.

A staff satisfaction survey had been carried out in June 2015 and staff were invited to make suggestions about how to improve the service. The audit had identified that nurses experienced confusion about protocol to follow should a fire occur in people's homes. As a result, a leaflet with clear guidance to follow had been produced and included in the staff newsletter.

The provider had a complaints policy and procedure in place. People and their relatives were made aware of the complaint procedures to follow. The registered manager had audited the complaints that had been received in the last twelve months. Two complaints had been resolved and one was still in progress with a satisfactory outcome agreed with the complainant. During the audit, the registered manager had identified a need to clarify the policy and this was scheduled for July 2016.

Good

Is the service well-led?

Our findings

People's relatives, the registered manager and staff told us that there was an open and positive culture that focussed on people. Relatives told us, "It is well managed, they seem very organised and their paper work is very clear" and, "The nurse consultants are very efficient, this agency is obviously well organised." Comments from relatives that had been sent to the office included, "This is an amazing service, very efficient and a perfect company which should be better known in the community."

There was an 'open door' policy where people and staff were welcome to come into the office to speak with the registered manager at any time. Members of staff confirmed that they had confidence in the management team. Staff were encouraged to make suggestions about how to improve the service and these were acted on. Staff told us, "The new manager is very competent and approachable", "She is a nurse therefore has a great knowledge-base and can understand where nurses come from and their thoughts process", "She is very supportive, and a caring person", and, "In only five months she has accomplished such a lot." They told us how the registered manager advocated on people's behalf to negotiate funding from Clinical Commissioning Groups (CCGs), to ensure entitled people were assisted.

Staff had easy access to the provider's policies and procedures that had been reviewed and updated by the registered manager, and were made aware of any updates. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people.

The registered manager held a meeting with the office staff every four to six weeks to discuss the running of the service, what was working well and what could be improved on. Once a month, the registered manager met with the provider, the operations director and the finance manager. At their last meeting, a long term plan of becoming paperless and of information technology (IT) development had been discussed to improve efficiency and avoid duplication of documentation. The provider was visible in the office as they visited weekly to support the registered manager and office staff. The registered manager told us, "The provider is very involved with the service and knows what is going on."

The registered manager researched the internet and subscribed to publications to keep informed of latest developments in health, social and nursing care. They accessed information and updates through the Kings Fund Library, Nursing Times News, the Department of Health and The Patients association. They attended conferences about health and care matters, and participated in forums with other private health care and nursing agencies to share ideas about improving standards of nursing care.

A robust system of quality assurance checks was in place. The registered manager had carried out a wide range of audits to identify how the service could be improved. These audits regarded every aspect of the service including policies, staff supervision and appraisals, people's care files, accidents and incidents, complaints and satisfaction surveys. These audits were scheduled to take place quarterly. Nurse consultants audited medicines administration records (MARs), to ensure they were appropriately completed. When any shortfall was identified, there was an action plan for follow up action, with a planned completion date. An

audit of the MARs had identified the need for the design of prescription charts to be improved, for medicines that needed to be taken 'as required'. An audit of incidents and accidents had highlighted a need for additional monitoring of a person's needs during the night and this had been implemented.

The registered manager spoke to us about their philosophy of care for the service. They told us, "People do feel better at home; it is all about empowering people to stay in their home and live happier lives." From what people's relatives and the staff told us, this philosophy of care was put in practice. A live-in nurse told us, "It is amazing to play a part in a client being able to remain at home and be where they want to be."

People's records were kept securely. People held copies of their updated support plans in their home. Archived records were labelled, dated and stored in a dedicated space. They were kept for the length of time according to requirements and were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.