

Mrs Christine Rowberry

# Right Nurse Care Services

## Inspection report

Unit 2, Mount Hawke Business Centre  
Highfield Road, Mount Hawke  
Truro  
Cornwall  
TR4 8DZ

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Tel: 01872274120

Website: [www.rightnurse.co.uk](http://www.rightnurse.co.uk)

## 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 took place on 01 April 2016 and was announced. This meant we gave the provider notice of our intended visit to ensure someone would be available in the office to meet us. The service was last inspected in November 2013; we had no concerns at that time.

Right Nurse Care Services is a domiciliary care provider based in Cornwall providing personal care and support to people in their own homes. On the day of the inspection nine people were receiving a service. Right Nurse Care Services support people who have complex needs and support packages ranged from four hours a day to twenty-four hour support. People using the service had varied health care needs including physical disabilities, learning disabilities, mental health needs and dementia.

The service had a registered manager in place. 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.

Relatives told us they felt the care and support provided by Right Nurse Care was safe. Comments included; "I've no qualms about that [the person's safety]" and, "She is totally safe with them." An external healthcare professional told us; "I would certainly consider them safe."

Staff had received training in safeguarding adults and children and were aware of the service's safeguarding and whistleblowing policies. Information on how to raise a concern was available on notice boards in the office and on-line. The organisation's safeguarding policy contained the most up to date information for local reporting procedures.

Care plans contained associated risk assessments for a range of areas. Where people had been identified as being at any increased risk more detailed assessments were put in place to address the area of concern. The registered manager continually re-assessed people's circumstances to help ensure that people were kept safe while maintaining their access to full and meaningful lives.

There were sufficient numbers of staff available to keep people safe. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available and when current packages were clearly established. There was a robust recruitment process in place to help ensure staff had the appropriate skills and knowledge required to meet people's needs.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Staff normally only worked with two or three people at any one time. This meant they were able to get to know people and their support needs well. Staff told us; "You can get to know people really well and give continuity of care. It's what people want."

Staff were supported by a robust system of induction, training, supervision and appraisal. Team meetings were held regularly to allow staff to raise any areas of concern. Staff and management emphasised the importance of creating and maintaining clear and open lines of communication.

The registered manager 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. Staff spoke of the importance of ensuring people were supported to make decisions and their right to do this even if staff considered the decisions to be unwise.

Relatives were highly complementary about staff and the support they received from Right Nurse Care Services. Comments included; "It's been an absolute saviour, brilliant!"

People's relationships with friends and family were recognised and respected. When people did not have family to support them efforts were made to ensure they received independent support from a local advocacy group.

Care plans were individualised and described people's needs across all areas of their lives. They were reviewed and updated regularly and accurately reflected people's current needs. Staff told us they were kept aware of people's changing needs at all times and there were effective and appropriate systems in place for sharing information with staff.

There was a satisfactory complaints policy in place. No complaints had been received at the time of the inspection.

Staff and relatives told us they considered the agency to be a well led service. The registered manager knew people well and had a good understanding of what was happening on a day to day basis.

## 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. There were sufficient staff available to meet people's assessed care needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

There were appropriate systems in place to support people with their medicines.

### Is the service effective?

Good ●

The service was effective. Staff received a comprehensive induction to prepare them for their role.

Staff were well supported by a robust system of regular supervision and annual performance appraisals.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

### Is the service caring?

Good ●

The service was caring. The registered manager and staff knew people well and understood their individual care needs.

People's family relationships were recognised and respected.

There were systems in place to ensure people's confidential personal information was stored securely and shared appropriately.

### Is the service responsive?

Good ●

The service was responsive. The registered manager ensured people's needs could be met before accepting any new packages of care.

People's care plans were personalised. They contained information about people's health needs and likes and preferences.

There was a satisfactory complaints procedure in place.

### **Is the service well-led?**

The service was well led. There were clear lines of accountability and responsibility in place.

People and their families and staff were asked for their views on how the service was run.

The registered manager had established links with other organisations to ensure they were up to date with good working practice.

**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 took place on 01 April 2016 and was announced. This meant we gave the provider notice of our intended visit to ensure someone would be available in the office to meet us. The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR, previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we met with the registered manager, reviewed three people's care files, looked at four staff records and reviewed a range of policies and procedures. Due to people's complex health needs they were not able to tell us about their views of the care and support they received. Following the inspection visit we spoke with four relatives and four members of staff. We also contacted two external healthcare professionals to hear their views of the service.

## Is the service safe?

### Our findings

Relatives told us they felt the care and support provided by Right Nurse Care Services was safe. Comments included; "I've no qualms about that [the person's safety]" and, "She is totally safe with them." An external healthcare professional told us; "I would certainly consider them safe."

Staff had received training in safeguarding adults and children and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable about identifying any signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately. When safeguarding concerns were identified the registered manager acted promptly to alert other relevant agencies to help ensure people's safety. Information on how to raise a concern was available on notice boards in the office and on-line. The organisation's safeguarding policy contained the most up to date information for local reporting procedures. Copies of safeguarding leaflets were distributed to people when they started to receive a service.

Care plans contained associated risk assessments for a range of areas. For example, risks associated with nutrition, mobility and finances. Where people had been identified as being at any increased risk more detailed assessments were put in place to address the area of concern. Following any incident or accident risk assessments were reviewed and updated as necessary to minimise the chance of the event happening again. Risk assessments were continually re-assessed by the registered manager to ensure they accurately reflected people's circumstances and provided staff with sufficient guidance to keep people safe while enabling individuals to live full and meaningful lives. There was a lone working policy in place outlining the measures which should be taken to keep staff safe.

Staff were knowledgeable about people whose behaviour may challenge others. Care records contained risk assessments regarding people's behaviour that may put themselves or others at risk. This enabled staff to access personalised guidance which met people's need and helped keep them safe. An external organisation provided bespoke training for staff on how to support people when they behaved in a way which might be difficult for staff to manage. Where appropriate the training involved people as well as the staff team. This helped ensure the training met people's specific needs. Staff told us they were confident of their ability to support people safely.

There were sufficient numbers of staff available to keep people safe. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available and when current packages were clearly established. New members of staff were always introduced to the people they would be supporting or, where appropriate a relative, prior to starting work. The registered manager commented; "We're very careful about who we take on and where we place them." Rotas were organised to help ensure staff were not over tired while maintaining continuity of support. For example, when staff worked a sleep-in shift they usually finished work on the morning following the sleep-in. Therefore, if they had experienced a disturbed night they were not working the following day. This protected people from the risks associated with being supported by staff who were tired.

There was a robust recruitment process in place to help ensure staff had the 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.

The arrangements for the prompting of and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. Records kept of when people took their medicines were completed appropriately. All staff had received training in the administration of medicines.

There were arrangements in place to deal with any emergency situation and help ensure continuity of service, for example in adverse weather conditions. The registered manager told us in these circumstances client's needs would be prioritised to make sure those people who were most dependent on the care and support would be visited first.

Accidents and incidents were recorded and monitored in order to identify any emerging patterns. The registered manager told us they would be quickly alerted to any increase in incidents which would prompt them to reassess the care plan.

Where people required support to manage their finances effective systems were in place. Staff supported people to manage their weekly budgets. Robust records were kept of when staff supported people to make purchases and receipts were kept.



## Is the service effective?

### Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People were supported by small teams of staff to help ensure continuity of care and support. Staff normally only worked with two or three people at any one time. This meant they were able to get to know people and their support needs well.

People's relatives spoke well of staff, comments included; "It's been an absolute godsend. She [member of staff] has got to know [relative] well and they get on brilliantly." And; "They have taken on a couple lately who are a similar age and talk with [person's name] all the time, involving her in everything." Staff rotas were planned and circulated to staff and people in advance. This meant people always knew who was going to be supporting them. Relatives told us staff were nearly always on time and always stayed for the allotted time. If staff were delayed the registered manager or office manager contacted people as soon as possible to update them and make any necessary changes to arrangements which were agreeable to them. One relative told us of an occasion when a member of staff had been unable to work due to sickness. The registered manager had let them know and asked if they wanted a different care worker or would prefer to rearrange the day when their regular worker was back at work. An external healthcare professional told us; "They seem to be consistently reliable with their visits." This demonstrated people were receiving a reliable and consistent service which was in line with their planned care.

There was an induction process in place in line with the Care Certificate framework which replaced the Common Induction Standards in April 2015. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. New employees were required to go through an induction which included training identified as necessary for the service, familiarisation with the service and the organisation's policies and procedures. New staff and staff working with people they had not previously supported were required to work at least two shadow shifts before providing support independently.

Staff received initial training in key areas such as safeguarding, first aid, moving and handling and medicines administration. In addition training in areas specific to people's needs was made available as required. One member of staff told us they had requested additional training when supporting someone whose behaviour could be difficult to manage. They commented; "I asked for extra and they booked me in, no problem at all." Staff all said they got the training they needed to enable them to carry out their roles confidently.

Staff received regular supervision which was a mix of face to face meetings and observations of their working practices. They also had annual appraisal meetings. Supervision records showed the sessions were used to highlight any training needs as well as discuss working practice issues. Staff told us they were well supported both through formal supervision and informally. One said; "Every time I've had an issue they've always sorted it out."

The registered manager 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. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. When people live in their own homes any applications to deprive people of their liberty must be made to the Court of Protection. At the time of the inspection no applications had been made.

In our discussions with the registered manager and staff we found they had an understanding of the principles underpinning this legislation. For example, staff spoke of the importance of ensuring people were supported to make decisions and their right to do this even if staff considered the decisions to be unwise. The registered manager told us they helped people to understand the consequences of any decisions and gave them as much information as possible to help people lead safe and healthy lives. There was evidence people had consented to their planned care.

People's dietary requirements were recorded in their care plans as well as any support they needed with fluid intake. Staff encouraged people to eat healthy well balanced meals where possible and in line with their care plans. Some people had support with food shopping, meal planning and food preparation. One person particularly enjoyed fizzy drinks which were high in caffeine. The registered manager had recognised this might be having a detrimental effect on the effectiveness of the person's medicines. A substitute drink had been identified to allow the person to continue enjoying the drink while limiting negative effects. A relative told us; "[Person's name] is eating well again and has put on some weight."

Records showed that, where appropriate, GP's or other healthcare professionals had been contacted as necessary. External health care professionals were complimentary about the service provided. One commented; "They maintain regular and timely communication particularly when they have concerns, and work with suggestions offered by others to ensure positive outcomes for the client."

## Is the service caring?

### Our findings

Relatives were highly complementary about staff and the support they received from Right Nurse Care Services. Comments included; "It's been an absolute saviour, brilliant!" and "The care staff are really nice people." An external healthcare professional commented; "Some of the staff in particular have formed very supportive relationships with my client and I have received a recent report from family that they [the person] returned laughing, which is quite unusual for them. I attribute this to the good, supportive relationships the staff have formed with them [the person]."

The registered manager recognised the importance of people being supported by care workers they liked and trusted. People were always supported by staff they knew and who were familiar with their needs. One relative told us; "They're more like friends than anything." An external healthcare professional commented; "My overall impression of Right Nurse Care Services is that they provide a good standard of care and are person centred being responsive to the needs of the individual they are working with." This demonstrated Right Nurse Care's approach to supporting people was focused on the needs of the individual.

In the event people had to be admitted to hospital staff continued to support them during their stay to help ensure people felt as secure as possible and other professionals were informed of their needs and preferences.

People's relationships with friends and family were recognised and respected. When people did not have family to support them efforts were made to ensure they received independent support from a local advocacy group.

Care plans outlined what was important 'to' and 'for' people. For example, smoking was important to one person. However this was having a detrimental effect on their health. Staff were working with the person to try and reduce their nicotine intake. Some people's health needs and associated behaviours meant they could behave in ways, while in the community, which were distressing for members of the public. The registered manager told us in these circumstances it was important to continually strive to find ways to support people in order to protect them from becoming socially isolated.

Management and staff recognised the importance of helping people to maintain an independent lifestyle and continue taking part in leisure pursuits which were important to them as well as developing new interests. People were supported to make positive changes in their lives which were in line with their peers. For example, one person was supported to do voluntary work in their local community. Some people had been supported in the family home and had moved, or were planning to move, into their own homes to live more independently. The registered manager and staff had worked with people and their families to help ensure the change of living arrangements was successful. A relative commented; "They're getting her back into a normal life in her own home. It's what I wanted for her."

People's confidential personal information was stored securely in the office. The office staff often communicated with care workers using texts. This information was always anonymised in order to protect

confidentiality. No personal information was communicated in this way. In our telephone interviews with staff we noted they were particularly careful not to name people or to discuss any information of a personal or sensitive nature. Relatives told us staff were respectful and protected their family members dignity at all times. One relative told us; "They're certainly respectful towards her."

## Is the service responsive?

### Our findings

Before people started using the service the registered manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed to record how people wanted their care and support to be provided. The registered manager told us; "I have to be as sure as I can be that we can do it. I don't want to set us up to fail." A relative told us; "We met with the manager and they worked out what [my relative] wanted and what we wanted."

Care plans were individualised and recorded details about people's specific needs. Information was well organised, first identifying the need and then outlining what needed to be done to meet the need and any associated risk management requirements. Needs were broken down into various areas such as communication, citizenship and personal care. This meant all aspects of the person's life were taken into account within the plan of care. The care plans were reviewed regularly and updated as people's needs changed. The registered manager visited people regularly to discuss and review their care plan. When appropriate relatives and external healthcare professionals were also invited to care plan reviews. Some people chose not to take part in meetings regarding their care and support. In these circumstances the registered manager or staff would update them following any meeting to let them know what had been discussed and any decisions made.

Care plans contained information about people's social needs, preferences and interests. This meant staff had access to information which would help them support people and engage with them in a way which was meaningful to them. During the inspection we saw a one page visual overview of simple and low cost things one person could do in order to prevent them becoming bored. This had been developed by the person and a relative. The office manager had made copies of the information to circulate to the staff team.

A call monitoring system was in place to record the time at which care workers arrived at people's homes and when they left. This enabled the registered manager to ensure people were getting visits as planned. There was an on-call system in place so people and staff were able to contact a senior member of staff at all times including out of office hours. A relative told us the registered manager and staff could be flexible if needed and had in the past altered visit times in line with the family's needs. They commented; "They were very accommodating."

Staff were encouraged to update the office team as people's needs changed. Any changes to people's care needs reported by staff were updated into people's care plans, both in the office and in their homes. Daily records were kept at people's homes and relatives confirmed these were completed at each visit. The records were returned to the office regularly for analysis. Some people were supported for 12 hours at a time followed by a period when they were not receiving any support. This meant staff did not have a handover but relied on the daily records for information about any changes in people's needs or other significant events. Staff told us these records were invaluable in this respect. However, if they had been returned to the office while a staff member had been off work they were required to ring the office for the latest information.

Where people were receiving 24 hour support staff handovers took place to help ensure staff were aware of

any changes. Staff told us communication in these services was; "Brilliant." One member of staff said; "We know each other and [person's name] so well now it's almost telepathic!" An external healthcare professional commented; "The care company are good at communicating with myself and Social Services and alert us to problems/risks."

If staff needed to be updated about any changes in people's needs the office would inform them either by email or text. Staff told us this system worked well and they always felt they were up to date and kept fully informed. Staff were required to respond to information sent by text so the office staff could be assured the information had been received.

The service had a complaints policy in place but no complaints had been received. Relatives confirmed that any concerns they had were dealt with promptly and in line with people's wishes. One commented; "It was dealt with effectively and it is sorted out completely now." The registered manager told us they spoke with staff and people regularly and were able to deal with any concerns as they arose. Staff told us they would support people to make a complaint or raise any issues if requested.

## Is the service well-led?

### Our findings

Relatives and staff told us they considered Right Nurse Care Services to be a well-managed and well-organised service. One member of staff said; "Every time I've had an issue they've always sorted it out." A relative commented; "[The registered manager] is very hands on. She seems to know everything that's going on." There were clear lines of responsibility and accountability in place. The registered manager was supported by an office manager, a finance and accounts worker and a supervisor with responsibility for overseeing the staff team. At the time of the inspection there was a vacancy for a second supervisor.

During our discussions with the registered manager and staff a common theme regarding the importance of open and frequent communication emerged. The registered manager told us; "There is constant communication. We really think about the people we support and we can talk for hours." A member of staff said; "The office staff and manager are very approachable. It's a very open relationship, I bring things up regularly."

Care workers, office staff and the registered manager all demonstrated a positive and committed approach to care and support. Staff told us they were happy in their jobs. They told us the organisation was; "A magnificent, wonderful place. All care is on the ball all the time" and "The best place I've worked for and I've been doing it for 20 years." Staff awards were given annually to recognise and celebrate examples of good practice.

Right Nurse Care Services provided care packages for people with complex needs. Consequently care visits typically lasted about six hours with none being below four hours and some 24 hours. This meant the registered manager and staff were able to focus their attention and efforts on the person and their needs throughout long periods of the day. The registered manager told us; "It's a brilliant model." while a member of staff told us; "You can get to know people really well and give continuity of care. It's what people want."

There were effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity the service had to take on new care packages. This meant that the manager only took on new work if they knew the right staff were available to meet people's needs. There were robust systems in place to help ensure scheduled visits took place as arranged. Staff were provided with a visit schedule every week for the following fortnight and people were provided with a detailed visit schedule each week so they knew which member of staff would provide each planned care visit.

Team meetings were held regularly to allow staff the opportunity to discuss any issues specific to the needs of the people they supported. Accurate and detailed minutes were taken to help ensure anyone unable to attend had access to the information.

The registered manager monitored the quality of the service provided by speaking with people on a monthly basis to ensure they were happy with the service they received. If people wished to speak to the registered manager more frequently they were able to do this. People, relatives and staff were also given questionnaires to complete regularly. These were designed to reflect the five key questions, is the service

safe, effective, caring, responsive and well-led. Results from completed surveys were positive.

Policies and procedures were supplied by an external organisation who updated them regularly. Email alerts were sent out to inform the service of any small changes to policies. Office staff ensured they remained relevant to the service and the locality. For example, contact details and information about the local safeguarding arrangements were included.

The registered manager was also the registered provider. They were involved in local initiatives to support providers in the care sector. For example, they were a director for Cornwall Partners in Care, the trade association for Cornwall and an active committee member representing the sector where necessary at strategic meetings and chairing the domiciliary care and learning disability forums.

The registered manager reported in the PIR that advice on best practice was acquired from organisations such as Social Care Institute for Excellence (SCIE), National Institute for Care and Excellence (NICE), OFSTED and charities such as MIND and National Society for the Prevention of Cruelty to Children (NSPCC). Right Nurse was registered with a variety of organisations including United Kingdom Home Care Association, NMC, RCN, and Cornwall Partners in Care. This meant they were kept up to date with any developments in the care sector or changes in legislation.