

U.K. International Nursing Agency Ltd

# UK International Nursing Agency Limited Dom Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of UK International Nursing Agency Dom Care on 22 and 30 January 2015 at which breaches regulations 9, 17, 13, 11, 18, 15, and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. The provider told us that they would not be taking on any new people to use the service until they met requirements.

We undertook a focused inspection of UK International Nursing Agency Dom Care on 16 July 2015 and found improvements had been made, however there were continued breaches of regulations 09, 17, and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not enough staff available to provide safe care to people and management systems continued to be ineffective. We issued warning notices in relation to Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the focused inspection, the provider wrote to us on 15 September 2015 to tell us how they would meet the legal requirements. We undertook a further focused inspection on the 03 February 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for UK International Nursing Agency Dom Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

UK International Nursing Agency Limited Dom Care provides accommodation for up to seven people who require nursing and /or personal care. It also provides care to people living in their own homes. This inspection focused on the residential home. At this inspection we found improvements had been made, however we also found further improvements were required in areas relating to the effectiveness of the care provided and how well the service was managed.

There were sufficient numbers of staff available to safely support people's needs. A system was in place to effectively monitor and review incidents to keep people safe.

Staff received training relevant to their job roles and were supported through regular supervisions and appraisals to carry out their responsibilities and meet people's needs effectively. People whose liberty had been deprived to keep them safe, had not consistently had the conditions of their authorisation met.

People were involved in the planning of their care, and care plans individually addressed the support needs people required based upon their individual needs and preferences.

There was a registered manager in post at this inspection. People's care records were not accurately maintained to ensure a contemporaneous note was recorded for people's daily care.

## 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.

People were supported by sufficient numbers of staff.

The manager had developed a system to monitor and review the frequency on falls, incidents and injuries.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were supported by staff who received training and development to care for them effectively.

Where people were deprived of their liberty, staff did not always follow the conditions that were attached to this.

### Is the service responsive?

Good ●

The service was responsive.

Care plans and risk assessments had been developed or reviewed for areas of identified need.

People and their relatives were involved in decisions about their care.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People's records were not always accurately maintained.

The provider had implemented a new system of auditing the quality of care provided, however they did not thoroughly monitor and review issues identified through this.

There was a registered manager in post.

# UK International Nursing Agency Limited Dom Care

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012 and to look at the overall quality of the service.

This inspection took place on 03 February 2016 and was unannounced. The inspection team consisted of one inspector.

Before our inspection, we reviewed the information we held about the home, which included a copy of the action plan the provider had sent us, explaining how they would meet the requirements. We contacted the commissioners of the service and two healthcare professionals to obtain their views about the care provided in the home. We reviewed information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the visit, we were unable to seek the views of people to fully understand their experience due to their complex needs. However we spoke with one staff member, the provider and the newly appointed manager. We looked at the care records for the two people living at the home, and also records relevant to the management of the service.

## Is the service safe?

### Our findings

There were sufficient numbers of staff deployed to provide care to people safely. At our previous inspection we found that the provider was covering both night and day shifts, at times without sufficient breaks. They also had not sufficiently assessed people's needs to ensure that the required number of staff were deployed to support them safely.

At this inspection we saw that the manager had assessed people's care needs based upon a recognised staffing dependency tool. This took account of a variety of needs that people had such as personal care needs, behavioural needs, assistance in areas such as eating and drinking, and their night time care needs. Staffing rota's also demonstrated that adequate numbers of staff were deployed for the two people using the service. We asked one staff member for their views about staffing levels. They told us, "There are enough staff, I have all the time I need to both care for them, and spend time with them." Our observations on the day were that people were supported when they required assistance both with their personal care needs, and with support to engage with activities or simply to talk and listen to music. The atmosphere in the home was calm and relaxed and people were unhurried when assisted.

We saw that the manager had further developed a tool to monitor and review the number of incidents, falls, and injuries within the home. At the time of inspection only two people lived in the home; however the manager had documented and reviewed falls as they occurred. They further explained that the system they had developed would enable them to sufficiently monitor falls or incidents appropriately in the future when the home is fully occupied.

## Is the service effective?

### Our findings

At our previous inspection on 16 July 2015 we found that staff had not consistently received training and development in line with the provider's policy.

At this inspection we saw the manager had carried out a formal appraisal for all staff and had conducted face to face supervision meetings. They had discussed areas such as people's needs, training and development, and matters relating to the running of the service. We were told by one staff member that they felt supported by the manager and that supervisions had been a positive experience for them to develop their practise.

We looked at staff records to confirm they had attended the appropriate training for their role and saw that not all staff had undertaken refresher training as required. We asked staff why some training had not been attended, and they told us it was due to some courses being delivered over three days, and training days were not included in their working week. The manager told us they were looking into this and had already identified and booked further training for the near future. When we spoke with staff about their understanding of areas such as abuse, mental capacity and moving and handling we found staff were able to demonstrate sufficient knowledge. When we observed staff assisting people particularly with moving and handling or supporting people's behavioural needs we saw they carried this out in a confident manner. However, staff development is supported by a regular update of their practise to ensure that staff are continually trained to provide safe and effective care. Where training had elapsed, the manager could not assure us that all staff had up to date knowledge to support people. This is an area that requires improvement. We saw however that the manager had ensured staff discussed key areas through meetings, for example safeguarding adults had frequently been discussed as a team. The manager continued to remind staff that they were required to complete each module as required and incorporated this into their individual development plans.

We were satisfied by the response from the manager and the evidence we saw of booked training that they had taken sufficient action to ensure staff received training.

Whilst reviewing people's care records we looked at two recent deprivations of liberty applications that had been granted. The assessor had granted the application to deprive people of their liberty to keep them safe under strict conditions which needed to be constantly met. We saw that for one person the conditions of their authorisation were met consistently since it was granted. However for a second person it was not clear how the staff had ensured the conditions were met. For this person the assessor required they were frequently taken out into the community and that they were able to practise their faith on a regular basis. We looked at the activity records for this person and we found that they frequently were in their room listening to music or watching television. There were no records that staff had recently taken them to their place of worship, and when we spoke with staff and the manager the last time they could recall taking them was prior to Christmas. This meant that the conditions to deprive someone of their liberty had not always been consistently met, and this was an area that required improvement.

## Is the service responsive?

### Our findings

At our previous inspection we found that people or their relatives had not been involved in developing and planning their care. We also found that where needs were identified, such as behavioural needs, care records did not reflect how these were to be managed. We found the provider in breach of regulation 09 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us informing us how they would make improvements.

At this inspection we found the provider had made the required improvements.

We looked at the care records for the two people who lived at the service. We saw that the manager had comprehensively reviewed people's care records, which detailed how people wished to receive their care, and documented their individual preferences. Where it was a risk that people displayed behaviours that challenged we saw that a risk assessment and care plans had been developed that identified how staff were to provide support to the person in a manner that was appropriate for that individual.

Previously we found that staff was using unauthorised restraint to manage a person's behaviour, at this inspection daily records of care showed that a more sensitive and responsive approach had been adopted. When we spoke with the manager and staff member about supporting people's needs they were able to accurately describe the triggers that may precede the persons challenging behaviour, and also described techniques they used to manage this positively. This demonstrated that people were involved in the planning of their care, and care plans individually addressed the support needs people required based upon their individual needs and preferences.

## Is the service well-led?

### Our findings

At our previous inspection we found that records relating to training and development had not been kept. The manager had not assured themselves by maintaining an accurate record of staff training or by checking that staff possessed the appropriate knowledge to deliver safe care. We found at this inspection the manager had seen and reviewed staff training and had obtained and verified staff training and qualifications. However, not all records relating to the management of the service were accurately completed. When we reviewed people's daily records of care, we found that the manager had simply copied and pasted their observations from previous days. On the day of our inspection for example, we asked the manager when we arrived in the morning, why they had completed the daily record for one person for the entire morning. They agreed that the record was misleading and rectified this. However, this is an area that requires improvement, to ensure accurate records are maintained.

Previously the manager had not submitted an application to register with the Care Quality Commission as they are required to do. We told the provider they needed to ensure this registration was completed. At this inspection we found that the service now had a registered manager in post.

The manager told us they continually developing a service improvement plan which would address areas of improvement such as the environment, people and relatives feedback, care records and staff development. At the last inspection the manager told us they were implementing a system of auditing to continually review the quality of service provided. At this inspection we found they had implemented this system, however improvements were still required for this to be a robust and effective tool. We saw that frequent checks were carried out for a variety of areas including care records, medicines, infection control and the environment. The manager had identified areas of improvement within these audits; however action plans were not developed or reviewed. For example, the manager had identified the need for staff to undergo training in key areas; however they had not monitored or developed a plan of how to achieve this. Subsequently when we inspected on 03 February 2016 this action remained outstanding along with other areas. When we looked at the results of the satisfaction survey carried out, we saw that where issues had been identified, these had not been further reviewed or assessed to identify areas that could be improved.

The manager had begun to carry out staff meetings, and ensured that staff were provided with copies of the minutes of meetings. We saw from minutes that matters relating to the management of the home were discussed frequently; however meetings were generally poorly attended by staff. The manager told us they were looking at ways to improve staff attendance to ensure all staff were provided with the opportunity to ask questions, discuss practise issues and raise concerns.