Nation Care Agency Ltd

Nation Care Agency

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 announced inspection took place on 3, 4 and 9 October 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. The last comprehensive inspection took place in June 2016 when we found one breach of the legal requirements in relation to good governance. At a follow up inspection carried out in February 2017 we found improvements had been made but we wanted to see that these were sustained. At this inspection we found that improvements had been sustained with some work still needed in this area, which the registered manager acknowledged.

Nation Care Agency is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people including those living with the experience of dementia, those with mental health needs, with a sensory impairment, with drug/alcohol dependencies, younger adults and people with a physical disability and/or learning disabilities. The service offers support to people who require help with day to day care including personal care, meal preparation, cleaning services and companionship. When we inspected, the service was supporting 84 people with their personal care needs.

The service is required to have a registered manager and there was one in post. 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.

The quality assurance processes in place were being used and work was ongoing to ensure these were used robustly so shortfalls were always identified and promptly addressed.

People and relatives felt staff maintained people's safety when providing them with care and support.

Policies and procedures for safeguarding people were in place and the care workers and office staff knew how to report any suspicions of abuse including reporting to the local authority safeguarding team.

Individual and environmental risks were assessed and identified so action could be taken to minimise any risks.

The provider completed recruitment checks to help ensure prospective care workers were suitable to work with people. There were enough staff employed and deployed to meet people's needs and systems were in place to provide people with consistent care workers wherever possible.

Staff who supported people with their medicines had received relevant training and knew how to do so safely. Staff and relatives confirmed that infection control procedures were followed to protect people from

infection risks.

People were assessed to identify their needs and wishes and care plans drawn up to meet these. Staff received training to provide them with the knowledge and skills to care effectively for people's individual needs.

Staff prepared simple meals and knew to report any concerns around people's nutritional intake so this could be escalated to healthcare professionals, where required. Staff described the procedures they would follow if someone was unwell to include summoning healthcare professionals and the emergency services if required.

The registered manager understood their responsibility to act within the requirements of the Mental Capacity Act 2005 and to provide care and support in people's best interests.

People and relatives said the staff were kind and caring and understood people's needs and wishes. They confirmed that staff were respectful towards people using the service. Staff encouraged people to maintain as much independence as they could and respected their right to choose the care and support they wanted to receive.

Personalised care records reflected the care and support people wanted to receive. This included information about people's lives and interests and any religious and cultural needs, so staff could respect these.

People and relatives said they would feel confident to raise any concerns and knew how to contact the office to raise any issues.

There were processes for obtaining people's views about the service including surveys, reviews and spot checks.

People and relatives were confident to contact the service if they needed to discuss any aspects of the care provision. Staff said the provider was supportive and approachable and they could discuss any issues and knew they would receive a response.

The provider worked with health and social care professionals and understood the importance of collaborating with them to improve the care people received.

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 and relatives felt staff maintained people's safety when providing them with care and support.

Policies and procedures for safeguarding people were in place and the care workers and office staff knew how to report any suspicions of abuse including reporting to the local authority safeguarding team.

Individual and environmental risks were assessed and identified so action could be taken to minimise any risks.

Recruitment checks were completed to ensure prospective staff were suitable to work with people. There were enough staff to meet people's needs and systems were in place to provide people with consistent care workers wherever possible.

Staff who supported people with their medicines had received relevant training and knew how to do so safely. Staff and relatives confirmed that infection control procedures were followed to protect people from infection risks.

Is the service effective?

Good

The service was effective.

People were assessed to identify their needs and wishes and care plans were drawn up to meet these. Staff received training to provide them with the knowledge and skills to care effectively for people's individual needs.

Staff prepared simple meals and knew to report any concerns around people's nutritional intake so this could be reported on to healthcare professionals. Staff described the procedures they would follow if someone was unwell to include summoning healthcare professionals and/or the emergency services if required.

The registered manager understood their responsibility to act within the requirements of the Mental Capacity Act 2005 and to

provide care and support in people's best interests.

Is the service caring?

Good

The service was caring.

People and relatives said the staff were kind and caring and understood people's needs and wishes. They confirmed that staff were respectful towards people using the service.

Staff encouraged people to maintain as much independence as they could and respected their right to choose the care and support they wanted to receive.

Is the service responsive?

Good

The service was responsive.

Personalised care records reflected the care and support people wanted to receive. This included information about people's lives and interests and any religious and cultural needs, so staff could respect these.

People and relatives said they would feel confident to raise any concerns and knew how to contact the office to raise any issues.

Is the service well-led?

Good

The service was well led.

The quality assurance processes in place were being used so shortfalls were always identified and promptly addressed.

There were processes for obtaining people's views about the service including surveys, reviews and spot checks, so people could give their opinions about the service they received.

People and relatives were confident to contact the service if they needed to discuss any aspects of the care provision. Staff said the provider was supportive and approachable and they could discuss any issues and improve their knowledge.

The provider worked with health and social care professionals and understood the importance of collaborating with them to improve the care people received.

Nation Care Agency

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.

This inspection took place on 3, 4 and 9 October 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available to speak with us.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 information the provider had given us.

Before the inspection we also reviewed information we held about the service including information received from the local authority and notifications. Notifications are for certain changes, events and incidents affecting their service or the people who use it that providers are required to notify us about.

During the inspection we viewed a variety of records including eight people's care records, medicines administration record charts for three people using the service, recruitment and training details for six care workers, a sample of policies and procedures, auditing and monitoring records and other records relevant to running a care service. We spoke with the registered manager who was also the nominated individual and owned the business, the office manager who was responsible for the day to day running of the location, two care coordinators, the field care supervisor and four care workers. We also gained feedback from three people using the service, six relatives of people using the service and a local authority senior contract support officer.

Good

Is the service safe?

Our findings

People and relatives felt people were kept safe by the care workers. One relative said, "They're compassionate and caring and they work safely with [family member]. They're patient and kind and I know she doesn't feel vulnerable with them. I have no worries." A person told us, "Yes I'm all right with the two regular carers, they check on me and I get different ones at the weekend."

Staff said they would report any suspicions or allegations of abuse to the office staff, who knew to report any such concerns to the local authority so they could be investigated. We discussed whistle blowing and staff knew they could contact outside agencies if they felt the provider was not dealing with a situation and listed the CQC, local authority safeguarding team and the police as organisations they could contact if they had any such concerns. With one exception, people and relatives confirmed staff wore uniforms and carried identity (ID) badges so people knew they were from the agency. Staff told us they wore their uniforms and carried their ID badges whenever providing care.

People were assessed to identify any risks to them, for example, limitations on movement or environmental issues, so action could be taken to minimise them. Staff confirmed they worked in pairs for some people, including those who required the use of moving and handling equipment to assist them with their care. Staff said they were trained in the use of such equipment so they were confident to use it. Care records identified if people had personal alarms such as 'link lines' that people wore and could press to access help in an emergency. Staff knew the process to follow in an emergency, including observing and reassuring the person and calling the emergency services. The service had a 'no reply' procedure and staff knew the action to take.

The provider followed recruitment procedures to ensure only suitable staff were employed. Staff completed application forms and included their employment history and reasons for leaving previous jobs. Health questionnaires were also completed. Two references were obtained including from the last employer(s) and Disclosure and Barring Service (DBS) checks had been completed. Proof of address and identity and the person's right to work in the UK were also available. A recent photograph was seen on each file and staff were issued with identity (ID) badges and uniforms to wear when attending people's homes, which evidenced they were from the service.

There were appropriate numbers of staff employed to meet people's needs. People confirmed their care workers attended their calls and that if their regular care workers were absent then another care worker was provided. The provider said that during the summer there had been staff holidays to cover and as a part of this they had informed the local authority to inform them, contacted people to discuss their call times and agree amended times where this worked for people.

People and relatives confirmed staff stayed for the time they were meant to and usually arrived on time, or if there was a problem then they were informed of this, for example, traffic making staff late. They also said people had regular care workers for consistency. One relative said, "She's [family member] an early bird and has her breakfast at 7am. She has a main carer and a second one she knows for back-up. It's very rare that

they're late and they'd let me know." Another told us, "We have the same regular ones [care workers] from a team of six and they always pair up a new one with a more experienced one." Care workers were allocated to geographical areas to make it easier to carry out the visits and a relative said, "All the carers live on [area] and they coordinate their visit timings." Staff said there was enough time allowed between visits and we saw examples of staff rotas that confirmed travel time was incorporated.

People and relatives confirmed that staff assisted people with their medicines where this had been agreed as part of the person's care package. One person told us, "They remind me to take my tablets." A relative said, "There's a dossett box and they prompt [family member] to take them and record it in the book." Staff received training in medicines administration prior to undertaking this task and explained to us the process they followed to ensure people received their medicines safely.

Medicine administration record charts (MARs) were supplied by the local authority and labels were obtained from the dispensing pharmacists alongside the medicines supplied. Most people had their medicines supplied in blister packs and staff confirmed that information about each medicine contained in the blister pack was written on the pack, so they knew what they were giving to people. Information about the support people required with their medicines was included in the care plans, however the actual medicines were not listed and the field care supervisor was working on getting copies of this information to include it in the care records. For example, for a person on an inhaler there were no specific instructions on the MAR or in the care plan as to how this was to be administered, although a photograph of the box including the instructions was seen. The office manager said they would add this into the care plan and would ensure the medicines information was included with the care records. The office manager said that on occasions when labels had not been provided for the MARs, hand-written entries had been completed by office staff who were experienced in medicines management and competent to do so.

Where the provider had identified a medicines related risk, for example, where a person was at risk of taking repeated doses of their medicines due to short term memory loss, they had acted to ensure medicines were stored securely, to prevent accidental overdose.

Staff said they were provided with personal protective equipment (PPE) including gloves, aprons, shoe covers and sleeve covers to use when providing personal care, to control any risk of infection. People and relatives confirmed this was used by staff. One person said, "Yes they do wear gloves and they do change them when they do my food." A relative told us, "Yes they wear gloves and those shoe bags over their feet." Staff explained that the shoe covers might also be used in households where people did not want shoes worn in the house, either for environmental or cultural reasons, and the shoe covers meant they could carry out their work safely and respect people's wishes. The registered manager said the expectation was that staff used PPE and followed infection control procedures so that any infection risk was minimised.

The provider said they learned from any incidents that occurred, so any concerns could be discussed and addressed. They had not had any serious events since the last inspection but said they used findings from their own audits and from any complaints received to improve practice in each area that was highlighted.

Good

Is the service effective?

Our findings

The office manager explained that a copy of the social services assessment was sent to the provider so they were informed of people's care and support needs and could start providing a service promptly, with a temporary care plan in place reflecting the information provided by the local authority. The field care supervisor then carried out an assessment of the person as soon as was practicable and ideally at the start of the service and spoke with the person and, where available, their relatives to gain a good picture of the person and their needs and wishes. People and relatives confirmed that these assessments had been carried out. We saw copies of the local authority assessments and the temporary and full care plans in the care records available at the office, which reflected people's care and support needs.

People and relatives felt staff had received the training they needed to care for people effectively. One person said, "Yes they've been trained well. They keep me safe and I'm very happy with them." A relative told us, "It shows that their moving and handling techniques are good. They use the equipment correctly." Another commented, "[Care worker] is competent and trained." New staff completed the Care Certificate induction training. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. They also shadowed experienced staff to learn the practical skills for providing care and support to people.

We saw that staff completed a questionnaire at their interview and the training coordinator said this gave an idea of the person's level of knowledge and comprehension of written English skills, so they could provide training in accordance with each person's ability. The training coordinator showed us an example of the training courses they carried out with staff, for dementia care, which was simple to understand and informative. Training was done face to face and staff said they found they learned effectively from this method and could have any questions answered.

If people required help with meals this was identified in the care plan and staff said they assisted people with simple meal preparation and served meals people chose. One person said, "I get my meals delivered from [company] and they heat them up for me." A relative told us, "I do [family member's] food. They do her breakfast and snacks like sandwiches if I need them to do it." Staff said if they had any concerns about people's food and fluid intake then they would inform the office staff, who in turn said they would inform the relatives and seek medical input if necessary. The office manager said they had used a nutritional chart to record a person's intake where this was deemed necessary so this could be monitored.

Contact details for people's GPs and pharmacists were included in the care records. The office manager said if people had input from other healthcare professionals then this was noted, for example, community nurses and occupational therapists. Where people had changing moving and handling needs, the occupational therapist could show staff how to use new equipment and how to handle people safely.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this for people living in their own homes are through the Court of Protection. We checked whether the service was working within the principles of the MCA.

A relative told us, "[Care worker] is excellent. [Family member] has dementia and arthritis in her joints. She is very patient with her. She stays an hour because my [family member] takes so long." Staff said they encouraged people to make choices for themselves. One told us, "I believe in giving people choices and seeing how much they can do for themselves." Another care worker explained the importance of listening to people and 'orientating them' and also listening to relatives to learn the best way to approach someone. There was a section of the care plan to record people's compliance level with care and support, however it did not identify their level of cognition. The office manager said this would be reviewed so cognition was included. Staff said they were informed if people had a diagnosis of dementia and if they identified a deterioration in any person's ability to make choices for themselves, then they would report this to the office staff. The office manager said any such concerns were reported to the person's next of kin, GP and if necessary to social services so that a best interest meeting could be arranged.

One of the care documents provided space for the person or their representative to sign to agree to the person's care and support records, however it was not clear when relatives signed that they had the legal authority or the permission of the person using the service to do so. The form was updated at the time of the inspection to clarify that anyone signing on a person's behalf had the right to do so, either legally or because the person had capacity and had requested them to do so.

Good

Is the service caring?

Our findings

People and relatives confirmed that staff treated people well and were caring towards them. One person said, "They treat me well and they make me feel good." A relative said, "[Care worker] is caring and kind." Staff told us what was important to them in the way they provided care and support. Their comments included, "To make clients happy", "It is important to respect them – we have a duty of care to listen to them and always put the client first" and "Having an elderly person smile, I really enjoy that, and knowing you've helped someone, that is a bonus." Overall people and relatives felt that there was good communication between them and the care workers and were happy with the care and support people received.

People and relatives confirmed staff helped people to express their wishes and to maintain their independence. A relative told us, "The communication is good. [Care worker] encourages [family member] to do what she can. It's a small flat but she helps her walk around to and from the toilet to the bedroom." One person said, "Yes they do [encourage independence] – I wash my own face." Another told us, "They ask me how I am."

The provider matched people with care workers, considering any cultural needs and people's preference for the gender of the care worker. Some of the care workers spoke other languages and two of them told us they had been matched with people because they could speak with them in their first language. This was also confirmed by a relative we spoke with. The care records also identified if family members would be available to help with communication when staff visited, so someone could translate if necessary. Whilst the majority of people and relatives felt communication was good and staff spoke good English, we did receive some comments regarding people sometimes not understanding or being understood by their care workers. We fed this back to the registered manager who said they would take this on board to speak with staff about.

People and relatives confirmed staff treated people with respect. One relative told us, "They're very respectful and kind and call her 'mum' which she likes." One person said, "I've known [care worker] for 4 years – she's lovely. They do their job." Staff understood the importance of treating people with dignity and respect and said they did so when providing care and support to people. Relatives were happy with the way their family members were cared for. One told us, "I'm not sure we could ask for anything else. I have total confidence [in the service] we worry about nothing." The provider had policies in place for privacy, dignity and equality and diversity and staff said they received training in these topics as part of their induction and were confident to provide care to anyone who required it and to treat people equally.

We saw a notice displayed in the office entitled 'The little things can mean a lot' and this was a reminder list for staff of ways to ensure they were providing individualised care that offered choice, met people's needs and wishes and promoted independence. The registered manager said this was being sent out to all staff and copies would be placed in people's care records, so people would know their expectations of staff to provide person-centred care.

Good

Is the service responsive?

Our findings

Care plans identified the care and support to be given to people at each visit and were personalised. The office manager said that if a person's needs changed then they would be reassessed and the information shared with the local authority so the care package could be reviewed. We saw that the care plans listed the tasks for staff to complete at each visit and staff confirmed they read the care plans and assessments to enable them to provide the care people required safely. If the time or duration of calls changed this was recorded and staff informed. The care records were initially reviewed after six weeks and then annually unless any changes were identified in the interim. People and relatives confirmed that care reviews had been carried out. One relative said, "We've had two full assessments and a review once a year." Another told us, "They do a review visit annually."

The care coordinators said that if staff reported any issues to them, for example, changes in a person's skin condition or someone experiencing pain, then this was followed up with the relevant health and social care professionals and if necessary the times of the calls reviewed to better fit in with the person's needs.

Information about people's lives, hobbies, interests and any religious and cultural needs was completed as part of the person's profile assessment. Staff knew the importance of understanding and respecting people's religious and cultural needs. One told us, "I discuss with people about their religious and cultural beliefs – we both have beliefs and you respect people whatever they believe, you learn more knowledge also." Staff said they worked with people to ensure they could worship, for example, by going early to assist with care so the person could attend the temple.

People and relatives knew how to contact the provider if they had any concerns and were confident to do so. One person said, "If I had to complain I'd tell the social worker or ring up the agency." Comments from relatives included, "No, no, I've got no complaints. If I had to? I'd phone the office, I have the number" and "I'm very protective of my [family member] and I would have no hesitation complaining if I thought she wasn't being looked after properly but I've got no complaints. If I had to? I'd phone the office."

The provider had a complaints procedure and staff confirmed copies were given to people using the service and that they would encourage people to contact the office if they had concerns. We saw that complaints were logged and investigated so action could be taken to address any concerns.

The service received referrals for people with end of life care needs and some of the care workers were confident to work with people with these needs. They said that end of life had been discussed so that they could understand people's needs and feel confident to care for people. The training coordinator said this was covered in training around providing people with care and that they were also investigating specific end of life training for staff so they could take on more end of life care packages for people. End of life care procedures were available and staff said the office staff provided good support to them, including additional support if they needed it following a person's death.

Good

Is the service well-led?

Our findings

The provider had effective auditing and monitoring processes in place to monitor the quality of the service. Where these had identified shortfalls action had been taken to follow these up and the registered manager said work was ongoing to address these. For example, shortfalls in the completion of daily logs had been identified and the training coordinator confirmed they met with the staff concerned to carry out supervision sessions, plus we saw that daily logs were a regular topic in the staff meetings and group supervision sessions. The registered manager and office manager said they would take action to ensure medicine audits were more robust and actions followed through and completed for any issues these identified.

Staff said the provider was supportive and listened to them. One told us, "The managers are very supportive and everybody here is passionate about what they are doing for our clients. Our clients deserve a good service and we put them at the forefront." Another said, "It is a good service, it's wonderful. They [managers] always do what is needed straight away and are supportive." A social care professional told us, "The Registered Manager was very receptive to my audit and took on board comments and observations I made. They also respond promptly to quality alerts raised with them."

Satisfaction surveys had been carried out for people using the service and an action plan drawn up to address any areas for improvement, where these were identified. Spot checks were carried out to assess care workers in people's homes and care reviews were also done, both of which afforded people the opportunity to discuss their care experiences and have any points addressed. Most people and relatives said they would recommend the agency to others and were happy with the service it provided. One person said, "The service is very good and I'm content with it." A relative told us, "I'm totally happy with the service – it's working very well for me."

The registered manager said meeting the needs of people was paramount and they were happy to provide a service to meet people's needs. One of the office staff was on call outside office hours and at weekends and this was covered on a rota. One relative told us, "When I couldn't get home to help [family member] once I called them and they came to support her out-of-hours." People and relatives knew how to contact the service. One person said, "I've got a number and I know the name of the boss there." A relative said, "I've got two landline numbers for the office and I've only called them once."

The office staff understood the importance of all staff working together as a team. One told us, "We work with one another and share the experience in a professional way. We get staff to work flexibly and I believe there is nothing that is impossible with time." The registered manager and office manager said they collaborated with health and social care professionals to provide the care and support people required. The registered manager said they had attended several training sessions for registered managers run by the local authority, including safeguarding, confidentiality and data protection, and more training was being provided including falls and a registered manager training course. They also attended the local authority meetings for home care providers. They said they received care and good practice guidance publications including from CQC, Skills for Care and Dignity in Care. A newsletter for staff had been introduced and this was informative and contained updates for all staff, to keep them up to date with policies and good practice

guidance, any changes and other relevant information about the service.

The field care supervisor said they met up with health and social care professionals as part of their review process and if people needed assessing for changing needs, use of moving and handling equipment, end of life care and so on. They told us, "I love the diversity of it all and everyone is very supportive here." The office manager said they also worked with the Hounslow Integrated Community Response Service, whose aim is 'to prevent patients from being admitted to hospital if they don't need to be and ensure that if patients do need to have a stay in hospital, that they are discharged as soon as possible to continue their care at home with the right equipment, advice and practical support.'

The provider information return (PIR) gave details about the local community groups the provider was involved with. This information included, 'Our care workers benefit from training accessed from community organisations; for example, our health and safety training is delivered through the Ivybridge Community Centre. Our connections with Black and Minority Ethnic (BME) groups in Hounslow is instrumental in amplifying service user voices, and to reinforce our ethos of reaching all local people, no matter what their background. The organisations we will continue to work with include: United Somali Community, Ivybridge Community Centre, Ocean Education Centre, Brabazon Community Centre and the Gurkha Nepalese Community London Borough of Hounslow.'

Information technology (IT) was being used for logging visits and recording information about each person, for example any telephone calls received from either people or care workers to report any issues such as changes in a person's needs. Staff rotas and people's visit allocations were also on the IT system. The registered manager said they would be increasing use of this system and this was a work in progress.

Policies and procedures for a wide variety of topics were in place and had been reviewed in August 2018. The registered manager said they ensured they kept the information up to date and took note of any changes in legislation and guidance, for example, changes to the General Data Protection Regulation in May 2018, for which we saw a policy was in place. Notifications had been submitted for events notifiable to CQC and the registered manager was aware of those incidents that were notifiable.