

Ison Nursing Agency and Care Services Limited

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Inspection report

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Date of inspection visit:
25 November 2019

Date of publication:
09 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Ison Nursing Agency and Care Services Ltd is a domiciliary care agency. It provides personal care to adults living in their own homes, with a range of disabilities. At the time of the service it was providing care to 44 people.

People's experience of the service

Most people were happy with the service and told us staff were kind to them, and understood their needs. Most family carers were also happy with the service, and told us the management team dealt with issues they raised.

We found a breach of the regulations in relation to the management of the service. We found that whilst the management team and care staff knew people's needs well and provided a personalised service to people, this was not always reflected in the care records and risk assessments.

Quality assurance processes were not always documented adequately so the management team could not always evidence they were providing a good service despite most people being happy with the care provided, and the service being praised by health professionals. The management team were not able to monitor timekeeping by care staff at the time of the inspection, and some people told us they were not always notified when staff were running late. The service had identified this issue and were in the process of addressing it at the time of the inspection.

People were safeguarded against the risks of abuse and harm by the systems and by the staff. There were enough staff to meet people's needs and provide responsive care. Safe recruitment practices took place so staff were considered appropriate to work with vulnerable people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access external health professionals to help promote good health and wellbeing. Health and social care professionals told us the service worked effectively with them and communicated well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:

The last rating for the service was good (published 28 June 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Ison Nursing Agency and Care Services Ltd

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people and their family carers to get feedback on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. Inspection activity started on 11 November and ended on 25 November 2019. We visited the office location on 25 November 2019.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with six people who use the service and eight family carers. We also spoke with the registered manager, the operations director and the supervisor and training co-ordinator. We also spoke with three care staff.

In addition to talking with people, we reviewed recruitment records for three staff members, training and supervision records. We checked complaints, accidents and incidents, quality assurance processes and minutes of management meetings. We viewed the electronic care monitoring and staff rostering systems, and also looked at four care records.

After the inspection:

We asked for additional information regarding training and we received updates on the actions taken following the inspection.

We also received feedback from two health and social care professionals who worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Not all risks to people's health and safety were recorded in risk assessments although the management team and staff knew the people they supported well and were able to tell us how they managed the risks. Lack of documentation is addressed in the Well-Led section of the report. Following the inspection, the registered manager completed the documents for high risk situations.
- Risk assessments in place covered a broad range of areas including nutrition, mobility, finances and cognition.

Using medicines safely

- People confirmed "They do give me my medicine and they write everything in the big book".
- Medicine administration records (MARs) were in place at people's houses and we saw that they were collected at the end of the month and brought to the office for review, although this was not documented.
- The service carried out an annual audit of medicines at a selected number of people's homes to check on the overall management of medicines. This was documented.
- Staff were competency checked for medicines administration on a regular basis as part of a quality spot check and this was recorded.

Staffing and recruitment

- We asked people if they had regular carers and if they arrived on time. Feedback included "They arrive on time. Maybe a little late sometimes if there are emergencies, they let you know," and "My carers are wonderful. I've never had any problems with no-shows."
- We were also told "My carers normally come on time unless they've been held up with others. They don't call me." We asked the registered manager how they monitored punctuality of staff. They told us they were in the process of re-introducing electronic handsets which would record the time of staff arrival at people's homes.
- The service relied on staff phoning them to alert them if they were late. This is discussed further in the Well-Led section of the report.
- Although some people wished care staff had more time to assist them, they realised this was not always within the control of the service itself. People told us "I'm very happy. The girls arrive usually on time and they have never missed any appointments with me" and a relative said "The carer will stay for half an hour and do what is needed. They will also stay longer if required; they make sure she is alright. They're pretty good at making things right if there are any problems." People usually had consistent regular carers which they appreciated "I have the same five carers that come and go".

- Recruitment processes were well documented and all relevant checks and references were obtained prior to staff starting work. This meant staff were considered safe to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. People told us "I always feel safe, they're never aggressive or rude," and "I feel very safe, they're really lovely."
- Staff were able to tell us how they would respond if they had any concerns regarding abuse and how to whistleblow.
- The registered manager was aware when to refer to CQC and the local authority if they had any safeguarding concerns.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves, aprons and over shoes. Everyone told us care staff used gloves, a minority said they did not use aprons. The registered manager told us they would remind staff to do so, and check this when they 'spot checked' the care.

Learning lessons when things go wrong

- The registered manager could tell us of incidents and the actions that had occurred, and learning that had taken place as this information was stored on their computer. However, this information was not stored in a format accessible to other staff members. By the time of writing this report, the operations director had reviewed the system so this was more transparent and readily available for review by all office staff, to detect trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with guidance standards and the law

- The registered manager assessed potential new referrals to ensure people's care needs could be met by the service and they had suitable staff to carry out the visits at the time chosen by the person. The registered manager integrated the views of the person, family and professionals who were familiar with the care needs of the person.
- They also risk assessed the person's health and well-being and the environment for health and safety purposes.
- The registered manager worked to deliver care in line with best practice standards and the law.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- The service was effective in supporting people to access healthcare services to maintain their physical and mental health. Care records showed the involvement of a range of professionals including GPs, hospice staff and other health professionals.
- People told us they received the help they needed. A health professional told us staff were trained to support people with palliative needs in the community and had a holistic approach to care, which met people's individual needs.

Staff support: induction, training, skills and experience

- People told us "I must admit they're very good at what they do. I call some of them doctors. We have a good laugh; the girls are very friendly." A family member said "They take very good care of her. Excellent care all the time. We know them all."
- Records showed and staff confirmed they received regular supervision and spot checks to ensure they were providing effective care to people.
- Staff told us they found supervision helpful and the management team were "always available," and "Very supportive. We usually receive the rota one week in advance to know with who you are working." Staff told us there was a "supportive team, and we all help each other out."
- Staff enjoyed working at the service and a number had worked there for a number of years which helped to provide consistent care.
- New staff received a three-day induction of training and shadowing. Staff told us they were encouraged to do nationally recognised care qualifications to improve their knowledge and job prospects. The service had introduced the Care Certificate for 11 existing staff and new staff were due to start the course shortly. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- Staff received refresher training in key areas including manual handling, safeguarding, infection control and behaviours that challenge.
- A health professional told us they found staff to be efficient, professional and were "good carers".

Supporting people to eat and drink enough to maintain a balanced diet

- Staff prepared breakfast and warmed up food for people. The majority of care records noted people's food likes and dislikes and how they needed support to maintain good nutrition and hydration. One person told us "The things that they mainly do are take food out of the freezer, give me my pills and empty my commode. They're always happy to do anything I ask."

Ensuring consent to care and treatment in line with law and guidance

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people using the service that were subject to a judicial DoLS.

- People's rights were protected. Care plans noted people's capacity to make decisions and staff were clear and understood the importance of consent. One person said "No permission is needed, we have a good routine." Two relatives told us "They understand my mum even though she speaks very little English. There are two or three languages mixed up. Often, they will explain with actions, or they'll ask us to translate. They all have their own bond" and "They understand her better than me. I keep out of the way. They have endless patience with her."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had developed strong and supportive relationships with people. People praised the staff, comments included "Everyone is so kind and caring, the same people alternate every two to three days." and "I think so, they're very kind and caring." A relative told us "We all have a little laugh; my son is happy with them. We all get on and I'm delighted".
- A health professional told us staff were very caring and gentle in providing care to people with end of life needs. "They take time to listen and are not rushed."
- Staff were able to tell us how they supported people with their religious or cultural needs including separating milk and meat products for a Jewish person they supported. Staff were comfortable in working with people of all sexualities and care records documented people's sexuality and cultural or religious needs.
- A relative told us "They don't mind our religion and we don't mind theirs. They speak and so do we. It's a nice exchange and that's most important. It's all exactly the same in the end and about being kind."

Supporting people to express their views and be involved in making decisions about their care

- At the initial assessment people and their relatives were involved in the setting up of the care plan and discussed how they wanted their care provided. People were asked at review and when the care staff were spot checked if people were happy with the care.
- Staff were empathetic and knew what was important for people. One person told us "The girls are all used to my dog [name]. [Name] barks a lot, but my carer will come and play with her for a few minutes before helping me so we're all used to that routine."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and maintained their dignity. Feedback included "They're very good, when I shower they always close the curtains." Staff were able to tell us how they maintained people's dignity and showing respect, including by only speaking in English in front of people; giving people choices and getting to know what was important to them.
- The majority of people's care records highlighted what they could do for themselves and people told us their independence was encouraged by staff. Comments included, "We do things together, they help me get dressed, take my dirty washing from the night before. We have a nice routine going". said "They encourage my independence, when I'm having a wash, they give me a flannel to clean my privates".
- The service ensured people's care records were kept securely. Information was protected in line with the General Data Protection Regulation.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We had no concerns regarding the care provided to people as people and their relatives told us their needs were met and, in a way, and time that suited them. Comments included "I'm happy with the schedules, I need to get up in the morning so I like the early start. If I have any early appointments with my son, I can ask and they will come earlier," and "We're happy with the times and if I need to go shopping I can call the office to change the times."
- People and their relatives also told us "They know what I like and what I dislike," and "They understand his needs; my [relative] can be very rude at times. He has learning difficulties."
- Most care plans set out in a personalised way how people were to be supported and what they liked and disliked and how best to ensure this was done by staff.
- However, not all people's care plans were detailed enough to show the type of care that people wanted and needed. We discussed this with the registered manager and operations director who were able to tell us exactly how to support people and we had no concerns regarding the care provided, however, this was not documented sufficiently. This is discussed in further detail in the Well-Led section of the report.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain family relationships and relatives spoke highly of the staff and their interactions with them. People were supported with their care so they could then continue with activities that were important to them.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Complaints had been dealt with in line with the policy. The majority of family members told us they found the registered manager and office staff very responsive when they raised any concerns. However, we noted that minor issues were not captured in a systematic way so the service could not see if there were trends, although they were dealt with. The registered manager told us they would review the way they recorded the minor issues.
- People told us "I did complain once, a very long time ago. It was to do with a carer and the office dealt with it quickly. She wasn't listening to anything so I complained. She was a relief carer. I didn't like her attitude but she was fine the next time she came so they must have said something," and "I've never had to complain, they come when I need them. I can't fault them at all."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People and their relatives had no complaints regarding the way staff communicated with them, and most care records contained detail to evidence this.

End of life care and support

- Staff had been trained in end of life care and there were end of life care plans in place. Not everyone had agreed to discuss this, but the service were mindful of the importance of this discussion especially given they were caring for people with end of life needs.

- We received positive feedback from health professionals on the skills of staff in providing end of life care to people in the community.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At this inspection we found there were some areas in which the service was not well-led. Over the last 12 months the service had stopped using electronic care records because the system was limited in some aspects, including medicines management documentation. This meant staff reverted to paper records. However, this meant other benefits of the electronic system were not available, such as 'real time' monitoring of care staff. This, together with loss of office staff impacted on updating of care records and risk assessments, and ensuring quality assurance processes were followed and recorded appropriately.
- Whilst we had no concerns regarding the care provided to people, we were concerned at the lack of up to date detailed documentation. For example, we found that one person's care records did not clearly show that two staff were supporting a person with personal care and mobilising. Given this person had complex needs and limited capacity the records did not set out how to support this person in a personalised way.
- Another person's care record did not set out they now needed to be supported to mobilise using a hoist despite this change in need taking place in October 2019. These were examples where the service was not keeping complete and contemporaneous records in respect of each service user including a record of the care provided.
- Similarly whilst the service were undertaking a number of quality assurance visits to people these were not always recorded. This meant that reviews were not always recorded as taking place even if they had, and the office staff were not always aware they were not operating effectively the systems and processes to ensure good quality care. The staff role of checking that quality systems were being followed had not been occupied in the previous 12 months and so office staff and the registered manager were dealing with day to day issues without having an effective oversight of the quality of the entire service.

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager who acknowledged some areas needed improvement and the service were in the process of reverting back to staff using the electronic care records as the system had now improved and could better meet their needs. The registered manager had also recruited a part time consultant to assist them in improving their quality systems, and were in the process of employing additional administrative support and a care co-ordinator to support the existing office team. A

service improvement plan was in place to address a number of issues already identified by the provider, prior to this inspection.

- In other areas the registered manager and management team provided good leadership. Staff were supervised and trained, and had an annual appraisal. The registered manager expected quality care from their staff.
- People, health professionals and the majority of relatives spoke well of the service provided to them.
- The management team met monthly to share out tasks and ensure all commitments were covered.
- Quality audits in some areas were effective, for example, regular spot checks of care took place and medicine audits took place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager and staff team demonstrated a commitment to providing person-centred care to people. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- Health and social care professionals told us the service worked proactively and communicated well with them to meet and promote the best outcomes for people.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked proactively in partnership with people and their families. The majority of people spoke well of the service and told us it was well managed. Comments included "I think so, the service is well managed. I have to be happy with who I'm dealing with," and "The agency is good, they're well managed. I'm happy with it all," and "I think we've covered everything, I'm happy and I would recommend this agency."
- The service gained the views of the people they supported, families and staff through informal discussion and an annual survey. We saw the results of the latest survey and they were positive.
- Staff told us their views were listened to and comments included "Good place to work and a very nice team," and "Communication is good and we always have the right information."

Continuous learning and improving care

- The registered manager had plans in place to make improvements. The service were re-introducing use of the electronic staff call monitoring system which would enable the service to monitor staff punctuality and check if there were any missed calls. The service were liaising with health professionals to ensure sufficient paper based information was available at people's homes for them to know what care had been provided.
- Following the inspection, the management team addressed a number of issues raised and updated the service improvement plan to include issues raised during the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	
Treatment of disease, disorder or injury	The provider did not evidence there were effective systems and processes to ensure that the quality of the services provided were of a good standard. The provider did not ensure there were accurate, complete and contemporaneous records in respect of each service user including a record of the care and treatment provided to the service user. Reg 17 (1)(2)(a)(b)(c)