

Mrs Christine Rowberry

Right Nurse Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Right Nurse Care Services is a domiciliary care agency. The service provides personal care to people living in their own homes. At the time of our inspection there were 5 people using the service. Services are provided throughout Cornwall to people of all ages who have a range of complex needs, including people with a learning disability and autism.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided. There were three people who were receiving personal care at the time of this inspection.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture.

Right support:

Staff helped to maximise people's choice, control and independence. People were able to choose how and where they spent their time, and staff supported people to make decisions if required. There were an adequate number of skilled staff to enable people to safely engage in activities of their choice. People were supported to achieve good outcomes.

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. Staff and the registered manager regularly communicated with people's relatives. Where restrictions had been required, to keep a person safe, these had been appropriately reported to the appropriate authorities for authorisation.

Right care:

Staff were knowledgeable and cared for the people they supported. They were enthusiastic and able to tell us about people's recent activities and achievements. Staff knew how to protect people from all forms of abuse and discrimination.

Right culture:

Healthcare professionals were positive about the quality of the support provided to people, the impact upon their well-being and their quality of life. Families were regularly communicated with and updated about their loved ones.

The registered manager was also the provider. They had experienced challenges in being able to recruit staff of the required calibre to meet the complex needs of the people they supported. Staff were recruited safely and told us they felt well supported by the registered manager. Staff and people were able to obtain assistance day or night from a member of the on-call senior management team.

There were effective recording systems in place. All daily records and handover information, for the next shift, were recorded on email and sent via the registered manager to help ensure good communication and that all staff were aware of any changes that may have occurred.

Care plans contained adequate information regarding the person's needs. The service was working with a consultant to improve the setting of specific goals and outcomes for some people.

There were robust audit and quality assurance systems in place. Staff managed some people's money. There was a clear system in use where staff accounted for any money spent on behalf of a person.

Medicines were managed safely. All medicines were blister packed by a pharmacist. Staff ensured people always received their medicines as prescribed.

The service had received many compliments regarding the service provided to people.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for the service was good (published 5 October 2018). At this inspection the services rating has remained good.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Right Nurse Care Services on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Right Nurse Care Services

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post who was also the provider.

Notice of inspection

We gave the service two days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity began on 13 March 2023 and ended on 15 March 2023. We visited the office of the service on 14 March 2023.

What we did before the inspection

We reviewed information we held about the service since the last inspection as part of the planning process. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, 5 staff, 3 healthcare professionals, 5 relatives and received comments from 2 people who were supported by the service. We reviewed the care plans and associated risk assessments for three people, medicine administration records (MARs) and 2 staff recruitment and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People, relatives and healthcare professionals told us they felt Right Nurse Care Services staff provided safe care and support, and protected people from harm. Comments included, "The staff meet (Person's names) needs and we know they are safe. They manage difficult situations," and "(Carers' name) is excellent, they listen to (Person's name) and are very caring."
- The registered manager and staff had a good understanding of safeguarding procedures. They were able to recognise signs of abuse and knew how and where to report any concerns.
- Where staff supported some people with their money. There were effective systems in place to ensure people were protected from financial abuse. All transactions were recorded, receipts were numbered, recorded and reported on each occasion to the registered manager for auditing. Families were able to see all transactions made, as records were also held in the persons' home. Some families had appropriate legal powers to manage money on behalf of their relative. The service held records of who had these powers.

Assessing risk, safety monitoring and management

- Care plans contained information related to any risks, in relation to people's support needs and the environment. Risks were assessed and reviewed regularly. No one, being supported at the time of this inspection, required any assistance with their mobility and no equipment was in use.
- Staff were knowledgeable about people they supported and knew how to effectively respond should the person become distressed or anxious. Care plans provided some information for staff. The service was currently working with a specialist consultant, to increase the guidance in people's support plans, so that staff would know how to provide consistent approaches to specific support needs. Comments from staff included, "I know (Person's name) so well, I just know how they are feeling, without them having to say anything. We work as a team in their home, and we share what works and what doesn't" and "I find (Person's name) to be good company and we have a good time. They are always happier when occupied, doing things they enjoy."
- The registered manager and other senior staff covered the out of hours rota. This meant that people, families and staff were always able to contact someone when required.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service had correctly identified where restrictions were necessary to keep people safe. Where there were restrictions to people's freedoms, systems were in place to ensure their safety. This information had been shared appropriately with the local authority and involved professionals and application to the court of protection, for the authorisation of these restrictive practices had been made.
- Staff supported people to make decisions and choices. Information was offered in a variety of ways, in accordance with people known needs. This supported decision making. Staff told us, "We respect the choices people make but will always be aware of any risks as a consequence of that decision" and (Person's name) does not always find making decisions easy, so we make suggestions to help them."
- Staff were aware of the MCA and Deprivation of Liberty Safeguards (DoLS) and had been provided with training on this legislation.

Staffing and recruitment

- There were sufficient numbers of staff employed to meet people's needs.
- The registered manager had experienced challenges when attempting to recruit to key roles in the service, such as a deputy manager. They told us it had been difficult to recruit staff of the required calibre to meet the complex needs of the people they supported. The service had recently appointed a new care manager.
- Staff had been recruited safely. All the necessary pre-employment checks had been completed before staff worked independently with vulnerable people. This included Disclosure and Barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff worked consistently with the same people to help ensure continuity. Right Nurse Care Services did not carry out short visits but provided care and support to people over several hours and in some cases 24 hours a day. Staff worked consistently with the same colleagues, supporting the same people to help ensure continuity of care.
- Some people did not easily accept support from a person who they did not know. This meant that any leave or sickness absences were covered by existing staff, known to the person. Some people had family living with them, or nearby, who could step in if there were extreme weather challenges, or short notice absences, of key staff.
- None of the people we spoke with reported any missed visits. The registered manager monitored all visits, on a shift monitoring system, and stepped in if needed.

Using medicines safely

- People received their prescribed medicines in a safe manner. Staff used prepopulated Medicine Administration Records (MAR) when supporting people with their medicines. All medicines were dispensed by a pharmacist in blister packs. Any short course of medicines prescribed in addition to their regular medicines, such as antibiotics, were added to the MAR by hand by staff, photographed and shared with the registered manager. This helped ensure any transcribing errors would be identified in a timely manner.
- MAR's were returned to the office regularly for auditing. Some missed signatures had been noted through the audit process and staff had been prompted to address this issue.
- Some people were prescribed 'when required' medicines. There was guidance for staff on how and when to administer these.
- People were supported to be as independent as possible with their medicines. One relative told us, "The medicines are popped out of the blister pack and put them in a pot for (Person) to take themselves when they are ready."

Preventing and controlling infection

- The registered manager had effective systems in place protect people from infection control risks. PPE was readily available and was used in accordance with current guidance.
- Staff understood how to manage infection control risks during the COVID-19 Pandemic.
- The registered manager and all staff were continuing to test before work using Lateral Flow Device (LFD) tests. This was to help ensure that they were not carrying the COVID- 19 virus and due to the length of time staff spent with people on shift, the potential risk to the vulnerable people who used the service and to their families. One relative told us, "(Registered manager's name) is very particular about this, and they are right to keep testing, it is still very much out there, and we have been kept safe I am sure it is down to their standards."

Learning lessons when things go wrong

- The registered manager had a system to record and monitor any accidents or incidents. There had been no events reported that needed auditing.
- The registered manager told us of their experiences when recruiting staff. They told us, "I have learnt that we need a specific calibre of person to work with the people we support and their very complex needs. It has been challenging to find the right staff, but we are getting there, and it is very hard work to cover the work when you are not fully staffed but we are getting there now."

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and healthcare professionals were positive about the quality of the service provided by Right Nurse Care Services. One relative told us, "We were offered the choice, when they were short of staff, to move to another service. However, we wanted to stay with Right Nurse as they have such high standards and are very good and reliable. I am glad we did now as we have a lovely carer."
- Relatives told us, "(Staff name) is helping (Person's name) to do some simple cooking to increase their independence in the future. They have also arranged for us to see someone, at home, who is helping (Person's name) to do some volunteering work, or a course," "(Person's name) has just had a lovely weekend away with friends" and "The staff are very good at supporting (Person's name) to do things they enjoy. They are always out and about somewhere."
- One person had a very restricted diet. Staff had sought advice and guidance from an external professional on how to support the person to increase the variety of foods they ate. This guidance led to a clear support plan being drawn up to help ensure all staff provided a consistent approach when supporting the person when they ate.

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

- The registered manager and staff team recognised the importance of good communication with people and understood the requirements of the duty of candour. When any significant incident or changes in people's support needs were identified this information was promptly shared. The registered manager told us, "We kept all relatives informed of things throughout the pandemic, it was a very challenging time, as they could not go out and see their families if they did not live with them. But we supported as many video calls as we could" and "We speak with families all the time."
- The care plans were paper based and daily records and shift change information was shared on email from the staff to the registered manager, then printed off. A copy was kept in the person's care plan for sharing with family members.
- The registered manager was aware of their responsibilities to share any notifiable events with CQC as they are required to do.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was required to have a registered manager and there was a registered manager in post at the time of this inspection. The registered manager was also the provider.
- The registered manager was supported by an office manager and a newly appointed care manager.
- Healthcare professionals were complimentary about the registered manager. They told us, "We liaise regularly with the registered manager. They call us if they need any support or guidance and they listen" and "The registered manager and staff have improved things for (Person's name), there may be small improvements but that is the way we all need to work with (Person's name). The team are a lot better off now they have a good team leader and the consultants advising them on setting goals and outcomes."
- Relatives comments included, "We have had our differences with the registered manager, but despite some staffing shortages the service provides good care to (Person's name)", "The registered manager is very good. They are firm and they stick to the rules, especially about COVID-19 testing. Where most places have stopped testing, they are very firm about everyone testing before they come here and so far it has kept us all safe and well" and "The manager is very accommodating and keeps us informed."
- There were effective quality assurance processes in place and the registered manager had good oversight of the quality of the running of the service.
- The registered manager was open and transparent and shared any concerns or events with other agencies as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff helped ensure people were protected from discrimination and supported people to engage with a wide variety of activities and interests.
- Staff told us, "We go horse riding and to a farm where (Person's name) gets to see new calves and bottle feed them. They really enjoy it." and "When I go to the gym with (Person's name) I used to watch them use the equipment. Then I asked if they would mind me joining them and they agreed. So now I set my equipment to the same setting as theirs and we have a little competition to see how we are both improving our calorie consumption. (Person's name) is really enjoying the company, when they exercise at the gym, and it is motivating for them to try to improve all the time."
- People, relatives, healthcare professionals and staff were all given the opportunity to complete a survey and share their views and experiences of the service provided by Right Nurse Care Services. The registered manager had audited all responses and taken action when any comments had required action. Responses were mostly positive about the service.
- Compliments had been received by people and relatives. They included, "I just wanted you to know how grateful I am" and "Thank you so much for all your support and care which is changing and improving (Person's name's) life."

Working in partnership with others

- The registered manager was a board member, along with other agencies, of several professional groups in Cornwall. They worked closely with many mental health professionals and other health and social care professionals to help ensure the service provided the best care and support for people.
- The registered manager shared their frustration at not always being able to access timely support from social care teams. They told us, "It is so difficult to find the right person to work with us, then when we find them, they appear to move on. It is a constant battle to get people the support they deserve. We are always here working away at the coal face often without the support from some agencies that we need but we keep going and we get good outcomes."
- One healthcare professional told us, "We have stopped our involvement at the moment with (Person's name) as Right Nurse Care Services are doing so well with (Person's name) we don't need to be involved any longer."

