

Community Nursing & Care Agency Ltd

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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

Care service description

Community Nursing & Care Agency Limited provides care and support to children and adults in their own homes. The service is provided to children as young as four years old; adults and people aged 65+. At the time of this inspection there were 23 people receiving support with their personal care. Community Nursing & Care Agency Limited provides two types of services, supported living and domiciliary care. The majority of people receiving person care had domiciliary care with visits ranging from half an hour up to two hours to support people. One person was receiving personal care under supported living. People receiving supported living can receive up to 24 hours support per day unless they are attending day centre activities.

Rating at last inspection

At the last inspection, the service was rated Good overall and Requires Improvement in the 'Safe' domain

Rating at this inspection

At this inspection we found the service remained good.

Why the service is rated good.

There had been improvements to staffing numbers and risk and medicines management. People received their medicines when they should and told us medicines were handled safely. Risks associated with people's care and support had been assessed and steps to reduce risks were in place to ensure people remained safe. Staffing numbers had been kept under constant review and people received their care and support from a small team of regular staff and felt the continuity of care they received was good.

People were involved in the initial assessment and the planning of their care and support; some had chosen to involve their relatives as well. Care plans contained good detail about people wishes and preferences. People told us their independence was encouraged wherever possible and this was supported by the care plan.

People told us their consent was gained at each visit through discussions with staff. People were supported to make their own decisions and choices. No one was subject to an order of the Court of Protection. Some people chose to be supported by family members when making decisions. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood the principles of the MCA.

People felt safe using the service and when staff were in their homes. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe. Recruitment checks were carried out on new staff.

New staff underwent a thorough induction programme, which included relevant training courses and shadowing experienced staff, until they were competent to work on their own. Staff were supported and received training appropriate to their role and relevant to the needs of people they supported. Staff had gained or were working towards qualifications in health and social care.

People were supported to maintain good health. People told us how observant staff were in spotting any concerns with their health. The service worked jointly with health care professionals, such as community nurses. People had support to eat and drink well.

People felt staff were very caring. People said they were relaxed in staffs company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and knew people and their support needs very well.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their personal histories and preferences.

People told us that communication with the office and registered manager was very good. People saw senior staff regularly, because they also undertook some of people's care and support. People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided. People felt the service was well-led and well organised.

The provider had a set of aims and objectives, which included treating people as individuals and being respectful, promoting people's independence and supporting people to the best of their ability to live a fulfilled life and people felt they received care and support in line with these.

Further information is in the detailed findings below.

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 good.

People received their medicines when they should and safely.

Risks associated with people's care and support had been identified and guidance was in place to keep people safe.

People's needs were met by sufficient numbers of staff and these were kept under review. Recruitment checks were carried out on new staff.

Staff knew how to recognise and report abuse.

Is the service effective?

Good 

The service remains good.

The registered manager understood the principles of the Mental Capacity Act and care plans contained details about people's capacity to make their own decisions and the legal arrangements they had in place to manage their affairs.

People received care and support from a small team of regular staff who knew people well. People received support from trained and supported staff.

People were supported to maintain good health. Staff worked with health care professionals, such as nurses and speech and language therapists.

People had support to eat and drink well.

Is the service caring?

Good 

The service remains good.

People were treated with dignity and respect and staff adopted a kind and caring approach often with good humour.

People felt relaxed in the company of staff and were listened to by staff who acted on what they said.

Staff supported people to maintain or develop their independence.

Is the service responsive?

Good ●

The service remains good.

Care plans reflected people's personal care routines including their wishes and preferences in good detail.

People were not socially isolated and some felt staff helped to ensure they were not lonely.

People felt comfortable if they needed to complain, but did not have any concerns. People had opportunities to provide feedback about the service they received. Any complaints and small concerns were addressed promptly and appropriately.

Is the service well-led?

Good ●

The service remains good.

There was an open and positive culture within the service. People felt the provider's aims and objectives were met.

Staff worked as a team. People were familiar with and thought highly of senior staff and the registered manager.

Records were stored securely and information about people was handled confidentially.

Community Nursing & Care Agency Limited

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 checked 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 16 and 17 August 2017 and was announced with 72 hours' notice. The inspection carried out by one inspector due to the size of the service.

The provider completed a Provider Information Return (PIR) and returned this within the requested timescale. 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. Prior to the inspection we reviewed information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included three people's care plans and risk assessments, daily records made by staff, medicine records, and training, supervision and appraisal records, two staff recruitment files and visit schedules, accident reports and quality assurance records and survey results.

We spoke with three people who were using the service, who we visited in their own home; we spoke with two relatives, the registered manager, the Chief Executive Officer, two senior staff and four members of staff.

Prior to the inspection we sent out questionnaires. We received feedback via these from six people, two relatives and three health and social care professionals.

Following the inspection we received further feedback from two health and social care professionals who

had had contact with the service, which was positive.

Is the service safe?

Our findings

People and relatives told us they felt safe when staff were in their homes and when they provided care and support. People said they got their medicines when they should and staff handled these safely.

At the last inspection in July 2015 improvements were required to ensure risks associated with people's care and support and medicines were managed safely. Staffing numbers required increasing to ensure people always received their care and support.

The provider wrote to the Commission and told us that they had taken action to address the shortfalls identified during that inspection and we found this to be the case during this inspection.

Details of the medicines people were prescribed had been updated and were now kept up to date.

Where people were prescribed medicines on a 'when required' basis, for example, to manage pain or skin conditions, individual guidance for staff on the circumstances in which these medicines were to be used safely was in place. The guidance contained information about how and when medicines should be given and if and when staff should seek professional advice for their continued use.

The recording on Medicine Administration Records (MAR) charts had improved. Some MAR charts we viewed had missing signatures or codes relating to the application of prescribed creams. However this had been identified during audits and action had been taken. The registered manager had recently introduced a clearer MAR chart for topical creams. A new protocol had been developed to ensure any errors were dealt with consistently. Recent MAR charts viewed in people's homes had appropriate signatures and/or codes recorded.

Staff had been trained in medicines administration and had their competency checked. Staff we spoke with were able to describe a safe procedure for administering and recording medicines.

At the previous inspection people were not fully protected against the risks associated with their care and support. Where staff used equipment when moving people there was at times a lack of guidance for staff in how to do this safely. Risks associated with people developing their independence skills, such as meal preparation had not been assessed to ensure people remained safe.

Action had been taken and there were improvements to risks assessments. There was clear information about how staff should use equipment to move people safely, step by step guidance in relation to a person making a sandwich and ensuring they were safe whilst working in the kitchen. Risks records included assessments in relation to people's environment, falls, fire, hot and cold weathers and going out and about into the local community and guidance was in place to keep people safe.

At the previous inspection there was not sufficient staff to meet all of people's care and support needs. During this inspection we found that sufficient staff were deployed. Most people said staff arrived on time

and everyone told us staff stayed the full time and did all the tasks required. The registered manager kept staffing numbers under constant review and told us they were careful not to take any new packages of care unless they could be covered by staff. Senior staff and on occasions the registered manager provided care and support to some people and also covered extra visits when required. There was an on-call system in place, should people need it, which was covered by senior staff and an on-call team.

People told us they would feel comfortable in saying if they did not feel safe. There was a safeguarding policy in place. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. The registered manager was familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

People were protected by robust recruitment procedures. We looked at the recruitment file of two members of staff that had been recruited in the last 12 months. Recruitment records included all the required pre-employment checks to make sure the staff member was suitable and of good character.

Is the service effective?

Our findings

People and their relatives were very satisfied with the care and support they received. Comments included, "I trust them and I can leave them to get on (with personal care for their relative) and going overtime is not a problem". "Couldn't manage without them". People felt staff were trained and competent in their roles.

Health and social care professionals felt staff and management understood their responsibilities under the Mental Capacity Act 2005. One commented, "This care agency works in a person centred way, tailoring the times of visits to suit the individual, which not many agencies can do. They will set up a team for a client rather than have many staff going into a service user".

Care plans for people within the supported living service contained information about how each person communicated, such as use of simple short sentences and this was reflected in staffs practice during the inspection.

People confirmed that they received their care and support from a team of regular staff and records confirmed continuity was good. An automated timesheet for staff has been introduced since the last inspection to give staff clearer information and reduce the risk of any missed and late visits. People were matched to staff based on gaps within staff schedules, people's preferences and staff skills and experience. On the support living side each person had a small team of staff supporting them, which could be chosen by the person or matched because of shared interests. In feedback to the provider during 2017 one hundred percent of people indicated that they were happy that their regular staff were well matched to them.

People's consent was achieved by staff discussing and asking about the tasks they were about to undertake. People had also signed consent records, such as for receiving care and support, medicine administration and handling finances. Care plans contained information about how to best facilitate people making their own choices and decisions, such as only offering a limited choice so as to not overload the person with information, for decisions relating to what clothes to wear or what to have to eat. We saw that staff followed this into their practice by offering a person a choice of three different meals for lunch.

Staff were trained in Mental Capacity Act (MCA) 2005. The registered manager told us no one was subject to a Court of Protection order although some had lasting Power of Attorney arrangements in place and others had a Do Not Attempt Resuscitation order. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process and had been involved in a best interest meeting, which had been held regarding the future care and support arrangements for one person.

Staff understood their roles and responsibilities. All staff had completed the Skills for Care Care Certificate induction. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Dementia awareness had also recently been added to the

induction training. Induction training included face to face training, group discussions, DVD's and undertaking knowledge competency tests. In addition staff also undertook shadowing of experienced staff until it was felt they were competent to work alone. Within the supported living service additional individual induction training had been developed in relation to supporting each individual person. Staff had a probation period to assess their skills and performance in the role.

Staff attended training courses relevant to their role, which were refreshed annually. These included moving and handling, fire, food hygiene, first aid and infection control. Some specialist training had been provided, such as training on percutaneous endoscopic gastrostomy (PEG) (this is a tube that feeds directly into a person's stomach), autism, managing conflict and positive behavioural support, Makaton and Buccal Midazolam administration (Buccal Midazolam is an emergency rescue prescribed medicine). PREVENT training had also been delivered to staff. This offers an introduction to the government strategy on terrorism and trafficking. The training includes how to safeguard vulnerable people from being radicalized to support terrorism or becoming terrorists themselves.

Staff had obtained or were working towards a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff received support in the form of supervision, observations of their practice, team meetings and an annual appraisal.

People's needs in relation to support with eating and drinking had been assessed during their initial assessment and recorded. Most people required minimal support with their meals and drinks if any and the registered manager told us no one was at risk of poor nutrition or hydration. Some people had adapted cups to aid their independence. Staff supported some people with special diets, such as a soft diet, thickened fluids and encouraged healthy eating. Where there were risks, such as difficulty in swallowing health professionals had been involved and staff followed their advice and guidance.

People were supported to maintain good health. People told us staff were observant in spotting any concerns with their health or if they were not themselves. People and relatives told us how staff always commented when they noticed any changes and sometimes suggested calling a health professional. Staff talked about how they worked with health professionals to ensure people remained in good health. Information about people's health conditions was available for staff within the care plan. On the supported living side of the service people had 'hospital passports' an easy read booklet to inform hospital staff about them and their needs.

Is the service caring?

Our findings

People told us staff were caring, kind and listened to them and acted on what they said. People and their relatives told us this sometimes included the use of appropriate banter and good humour. People were complimentary about the staff. One person commented, "A very caring service, which responds as flexibly as possible".

Health and social care professionals told us in their experience staff were caring. One professional commented, "Most staff go above and beyond in some circumstances to make sure the individual being supported feels that they are being enabled and not having skills taken away from them. The agency listens to its clients and staff about options, such as uniforms, are they wanted or not by clients and how carers (relatives) feel about staff wearing them when visiting". Another professional told us, "They have been working with quite a complex gentleman and I feel they have become an expert in his care".

During the inspection staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff, with some laughing and joking coming from both sides.

The service had received a large number of compliments, which reflected the staff being kind and caring and staff going the 'extra mile' in their own time. For example, staff taking people a small birthday present or Easter egg. People talked about how staff stayed extra time and did not rush off if they wanted something done and did 'the little things', such as putting out the refuse.

Some people talked about staff that gave that little bit more, but most felt all the staff were equally as good as each other. One person had written a compliment after they had fallen and the staff member stayed with them until the ambulance arrived, went with them to hospital and then made arrangements for their pet when they were admitted. In feedback to the provider during 2017 one hundred percent of people felt staff went the extra mile and made a positive difference to their lives.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their life histories and preferences. The registered manager visited and sometimes undertook care and support of people so they knew each person personally that used the service. Care plans contained details of people's preferences, such as their preferred name and some information about their personal histories. In feedback to the provider during 2017 one hundred percent of people felt staff took an interest in them as a person. During the inspection staff talked about people in a caring and meaningful way.

People told us their independence was encouraged wherever possible. One person told us during personal care they did what they could for them self and staff support with what they could not manage. A staff member talked about how they had supported a person to develop their confidence when travelling on the bus. This had been achieved at the person's own pace and had started with visits to the bus stop and then

travelling one stop until eventually they had been able to travel into town.

The registered manager told us one person had been supported by an advocate to help with decisions about their future care and support. Details about how to contact an advocate were available from the registered manager.

People told us they were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction. Care plans promoted people's privacy and dignity. For example, closing curtains and doors. Some staff had signed up as dignity or dementia champions. These are two government schemes to raise the awareness within the general public. Staff had introduced 'Chatter books' and 'Twiddle-muffs'. Chatter books were a picture/photograph books on five different subjects, which staff used as conversation starters/memory books for people. Three people had twiddle-muffs, which were sensory muffs for hands and keep hands warm and busy. These have been knitted by the local knitting circle.

A 'You said', 'We Listened' and 'Lessons Learned' approach had been adopted for people. This had resulted in people having a choice about whether staff wore formal uniforms and most people had chosen for staff not to wear a uniform when supporting them.

Information given to people confirmed that information about them would be treated confidentially. People told us staff did not speak about other people they visited and they trusted that staff did not speak about them outside of their home.

Is the service responsive?

Our findings

People told us they and sometimes their relatives were involved in the initial assessment of their care and support needs and in planning their care. One person said, "We went through everything". Assessments were undertaken by the senior staff. In addition when the service was contracting with the health or local authority they had obtained information from professionals involved in the person's care and support, to make sure they had the most up to date information. When people transferred to or from another service their care plan transferred with them and in one case staff worked with the new service until the person was settled to ensure a smooth transition for them.

People had signed forms showing their consent for care and support to be delivered in line with their assessment and care plan. People felt they got the care and support they wanted that reflected their preferences and wishes from a small team of staff. Staff were very knowledgeable about people's preferred routines that they visited.

People had care plans in place, which contained information about their wishes and preferences. People had been involved in developing their care plan and within the supported living clear and simple language and pictures had been used to make them more meaningful. One professional told us, my client has "a robust care plan in place, which is followed although care planning is about sharing experiences and changes, which they encourage with their service users". Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care in a personalised way. For example, how one person liked their pillows positioned so they were comfortable. Care plans included what people could do for them self and what support they required from staff.

People were involved in reviews to discuss their care and support. Within the supported living service this was achieved through a review meeting, which was held with people, their family and their care manager and staff. Within the domiciliary service reviews were undertaken by senior staff as part of a quality monitoring visit. Reviews were undertaken periodically depending on the complexity or changes in people's needs.

Within the supported living service people had a programme of leisure activities in place, which they had chosen, this helped to ensure they were not socially isolated. Some people told us they had family or friends visit them regularly or had telephone contact with them. Other people said the visits by staff and other visitors helped break up their day and helped ensure they did not feel lonely.

People told us they felt confident in complaining, but had no concerns. One person said, "If there are any issues they are resolved straightaway". Most people said they knew how to complain and the complaints procedure was contained within the service user guide, which people had a copy of and there was an easy read version where appropriate. The registered manager told us there had been one formal complaint since the last inspection. This had been investigated and was not upheld. Senior staff worked 'hands on' and any issues were identified quickly and resolved. The registered manager told us any complaints would be used to learn from and improve the service.

People had opportunities to provide feedback about the service provided both formally and informally. Some people had completed quality assurance questionnaires to give their feedback about the service provided; the registered manager told us they were looking to improve the ways they collected feedback from people. Previous surveys responses were held in the office and were positive.

Is the service well-led?

Our findings

People and relatives said the service was well-led and well organised. Comments included, "We have not had any problems at all". "(The registered manager) is really good". "(The registered manager) is excellent; they are open to things and want to know if things aren't right". "They (staff) are a welcome breath of fresh air". In feedback to the provider during 2017 most people rated the service as outstanding with others rating it as good and 100 per cent said they would recommend this service to others.

Health and social care professionals told us they thought the service was well-led and well organised and the registered manager was open and approachable. One professional commented, "I work with CNCA with a number of service users, they have a good forward thinking approach especially as every service user is different". Another said, "I think there have been staff changes, but they seem to take everything in their stride" and "I have worked with CNCA with several people now and they are eager to get to the know the individual/ service user and with behaviours etc. I enjoy working with them and I like their honest professionals approach".

Since the last inspection a new manager had been appointed and registered with the Commission. Discussions about the registered manager were all positive. One staff member said, "They are brilliant, lots of things have changed and it is more organised now". A social care professional told us the registered manager was "Excellent. She always responds quickly and keeps me up to date and equally asks for help where appropriate". At the time of the inspection the registered manager was supported by four senior staff. Senior staff worked both within the office and some also undertook some care and support each week depending on the needs of the service. One member of senior staff oversaw the day to day running of the service for people that received personal care. They and the registered manager were responsible for undertaking the initial assessments of people's care and support needs, developing the care plans and then reviewing. Senior staff also undertook quality monitoring visits and staff supervision.

People felt communication with the office was good. During the inspection there was an open and positive culture within the office. The registered manager adopted an open door policy regarding communication and worked in the open plan part of the office. A 'You said', 'We listened' and 'Lessons Learned' approach had been introduced for staff. This had resulted in changing the way staff training was delivered from mainly on-line to face to face. Staff felt the senior team motivated them and other staff. Staff felt the senior team listened to their views and ideas. A star of the week award had been introduced for staff that went that extra mile. Recently this had been awarded to a staff member who had worked their weekend off to ensure people received their visits.

Records were stored securely and there were minutes of meetings held so that staff would be aware of issues within the service. Staff said they understood their role and responsibilities and felt they were well supported. One staff member said, "The girls in the office are brilliant and very supportive". Staff had access to staff meetings and office meetings were held each morning and used as a daily handover to keep up to date. The daily handover was attended by both the registered manager and the chief executive officer, which helped them to monitor the service and also keep up to date with what was happening. Electronic

communication was used to keep other staff up to date. A new trainer had been recruited and the content of training reviewed with improvements had been implemented, including end of life training and observations of practice using the Care Certificate criteria.

The provider had a set of aims and objectives. These were linked to staff supervision and annual appraisals. Staff were not sure what the aims and objectives were when we asked them, but felt they would include providing excellent care to people. The aims and objectives included to provide a first class service, to meet people's needs and maximise their independence.

The provider was an autistic ambassador and had links with the Kent Autistic Trust. They were members of Kent Integrated Care Alliance and the United Kingdom Homecare Association. They attended forums and used these memberships to keep them up to date with changes and best practice.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. Audits included the number of hours delivered, accident and incidents, care reviews due and completed, permanently scheduled or unscheduled visits, missed calls and supervisions due and completed and daily records made by staff. A new database for training was being developed and a new spread sheet for care plan reviews to aid better monitoring. Since the last inspection daily notes made by staff in people's homes were bound into a book and then audited once they were returned to the office.

Staff had access to policies and procedures on a memory stick given to them or a folder was held within the service. These were reviewed and kept up to date by the provider. As required by legislation the provider was displaying their inspection rating both within the office and on their website.