

Nurtured Care (NE) Limited

Nurtured Care NE

Inspection report

Dunston Small Business Centre
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Tel: 01914326443

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31 July 2020
04 August 2020
05 August 2020

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17 August 2020

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

Nurtured Care NE is a domiciliary care agency. At the time of the inspection, 278 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider had an effective recruitment procedure in place. People and family members said staff generally arrived on time, stayed as long as they should and never missed a call visit. Appropriate arrangements were in place for the safe administration and recording of medicines. People were protected from risks and the provider learned from accidents and incidents.

The registered manager monitored the quality of the service to make sure they delivered a high standard of care. People and family members spoke positively about the quality of the service. Staff said they were comfortable raising any concerns and the management team were approachable. People, family members and staff were able to feedback on the quality of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 June 2019). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We carried out an announced comprehensive inspection of this service on 15, 17, 18 and 25 April 2019. A breach of legal requirements was found. We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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?

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.

Nurtured Care NE

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

One inspector carried out this inspection.

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

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

We gave the service 24 hours' notice of the inspection so they could provide us with documentation and contact details for people who used the service prior to the office visit.

Inspection activity started on 31 July 2020 and ended on 5 August 2020. We visited the office location on 5 August 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with nine people who used the service and seven family members about their experience of the care provided. We spoke with the registered manager, director of operations, quality assurance administrator and four care staff.

We reviewed a range of records. This included various care or medicines records and staff recruitment records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection, we found the provider did not always carry out appropriate recruitment checks. At this inspection, we found the provider had an effective recruitment procedure in place. They carried out relevant security and identification checks when they employed new staff. These included checks with the Disclosure and Barring Service (DBS), references from previous employers and full checks of the applicant's previous employment history.
- People and family members told us staff generally arrived on time, stayed as long as they should and never missed a call visit. Comments included, "Yes they arrive on time, sometimes a bit early. If they get held up, they always ring us" and "I have a set team who support me. It has taken me quite a while to get the team in place. Now, unless someone is off on holiday or is unwell, I know who is coming."

Using medicines safely

- At our last inspection, we found medicines records were not always accurate or up to date. At this inspection, we found appropriate arrangements were in place for the safe administration and recording of medicines.
- Records described the support people required with medicines and appropriate risk assessments were in place. These included risk assessments for people with paraffin-based creams to ensure they were used and stored correctly.
- Medicine administration records were audited monthly and staff competency checks were carried out regularly.

Systems and processes to safeguard people from the risk of abuse

- People and family members told us they felt the service was safe. Comments included, "They [staff] have been very good. I feel very safe with them" and "If I didn't feel safe, I would have changed company by now."
- People were protected from the risk of abuse. The registered manager understood safeguarding procedures and had followed them. Staff had been trained in safeguarding vulnerable adults.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider learned from accidents and incidents. They made changes to reduce the risk of them reoccurring. Staff were aware of the procedure to follow when recording and reporting incidents.
- Risks were well managed. Staff understood potential risks and how to mitigate them.

Preventing and controlling infection

- Checks were carried out to ensure staff were following the provider's infection prevention and control policies and procedures correctly. This included wearing the correct uniform and protective clothing whilst

carrying out personal care to people. People and family members did not raise any concerns about infection prevention practices.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 our last inspection the provider had failed to have in place systems to carry out effective audits regarding the quality of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager monitored the quality of the service to make sure they delivered a high standard of care. Regular audits were carried out. These were up to date and any identified issues were documented and actioned.
- The registered manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.

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

- People and family members spoke positively about the quality of the service. Comments included, "I can't fault them [staff]. They even stay over the time. I can't thank them enough for what they've done" and "They [staff] go over and above. I couldn't get better treatment anywhere."
- Staff told us they were comfortable raising any concerns and the management team were approachable. Comments included, "They always look after you. They are a great company to work for" and "There's always someone on the end of the phone. I'm really happy."

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

- People and family members were able to feedback on the quality of the service. This was via regular questionnaires, reviews and telephone calls. Feedback was analysed and actions put in place for any identified issues.
- Staff felt involved in the running of the service. They were kept up to date via a mobile app and private social media group. A recent competition had been organised by the director of operations with prizes for

staff. Staff told us how much they had enjoyed taking part.

Continuous learning and improving care; working in partnership with others

- Staff meetings took place regularly and regular training sessions were held. One staff member told us, "The training is very good. It makes you feel confident."
- The provider had invested in new technology to improve communication, call monitoring and responsiveness.
- The registered manager and staff worked closely with other health and social care professionals. These included the NHS, nurse practitioners, community stroke services and the mental health team.