

Nursing Solutions Limited

# Nursing Solutions

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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: Nursing Solutions is a domiciliary care service that was providing personal care to 41 people aged 65 and over at the time of the inspection.

People's experience of using this service: The service did not have a robust auditing system in place. Audits that were completed lacked detail and were not completed regularly.

The service did not have a clear or accurate oversight of safeguarding incidents. However, people we spoke with told us that they felt safe and staff were able to tell us how they would respond if they suspected abuse.

Risks were not consistently assessed and risk assessments were not always updated when something changed. This meant that records may not include details of the most recent level and types of risk. However, people told us that they felt the care they received was safe.

No evidence of capacity assessments or best interests was available at the time of the inspection. However, one person was assessed as lacking capacity to make some decisions and relevant assessments had not been completed. The record included details of how the person may be assisted to make their own decisions. This meant that although records were not complete, people were being supported to make their own decisions rather than decisions being made for them.

Although people had experienced missed visits, there was no effective system to monitor these so that causes could be identified and actions taken to prevent recurrence.

People told us that the service responded to their needs and that visits could be changed informally by ringing the office.

People spoke positively about the registered manager and management team. People told us that they could approach the registered manager and care staff with concerns or complaints when necessary,

People told us that they received care from staff who were kind and that care visits were completed by staff that they knew.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Requires Improvement (March 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We found two breaches of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Follow up: We will review the report on actions the provider intends to take following the inspection. We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## 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 not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### 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** ●

# Nursing Solutions

## 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 team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was older people.

#### Service and service type:

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 48 hours' notice of the inspection site visit to make sure that there would be staff available to speak with us.

Inspection site visit activity started on 12 February 2019 and ended on 12 February 2019. We visited the office location on 12 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did: We reviewed various records including, the training matrix, recruitment files for three employees, three care plans, two audits, compliments and complaints and staffing rotas. We spoke with 11 people who were using the service, three relatives and six staff, including the registered manager, coordinator and two care staff. We contacted three healthcare professionals however we did not receive any responses.

After the inspection, the registered manager sent additional evidence including copies of photographic

identification, supervision sessions and a medicines audit.

# Is the service safe?

## Our findings

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

Assessing risk, safety monitoring and management

- Risks were not consistently assessed. For example, one person was assessed as a high falls risk and indicated that an, 'In Depth Fall Risk Assessment' was required, following the provider's policy. A more comprehensive risk assessment had not been completed and staff did not have access to this information.
- Risk assessments were not consistently reviewed when changes occurred. For example, a falls risk assessment had recorded that a person had not fallen in the 'past year'. However, evidence in the daily records revealed the person had fallen in 2018. This meant the falls risk assessment was not accurate and may not reflect the level of risk or actions that could minimise risk.
- It was unclear how accurate the information on a 'Basic Falls Risk Assessment Tool' was. The tool asked questions like, "Has the service user had more than one fall in the past year?". However, the assessment did not include a 'completed' date so the period assessed was unknown.
- Systems used to monitor the completion of 'live' care visits were not always effective and had resulted in missed care visits. The exact number of missed visits was unclear as the service was not auditing them. However, we identified three missed visits, two of these had been identified when relatives contacted the office. One relative told us the service had offered to send a replacement member of staff.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager contacted us after the inspection to inform us that the service had implemented a care call monitoring system. The system allows staff to monitor the completion of care visits in real time.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with told us confidently how they could identify different types of abuse and actions they would take if abuse was suspected.
- The service did not have an accurate oversight of safeguarding incidents. There was no process to review or analyse themes or trends. Safeguarding incidents were included in the 'accident and incident file'. We did see some evidence that external healthcare organisations and people had been involved with safeguarding incidents.
- After the inspection, the service implemented an electronic system that the registered manager told us would, "Monitor safeguarding, run reports and facilitate a more comprehensive service overview."

Using medicines safely

- At the last inspection we identified that staff did not have access to guidelines about the applications of creams. At this inspection the service was using 'body maps' to show staff about where on a person's body specific creams should be applied.
- People told us that they received the right level of support to take their medicines and for the application of creams. Comments from people included, "I take my own tablets but when the carer comes she checks to

make sure I have done it."

#### Staffing and recruitment

- Staff recruitment was undertaken safely. Relevant checks, including those with the Disclosure and Barring Service (DBS) and previous employers, were completed.
- When the service experienced high levels of sickness or staff absence, agency staff were used to ensure that there were enough staff to meet the needs of people.

#### Preventing and controlling infection

- Staff used the personal protective equipment (PPE) including gloves and aprons as required and there was no limit to these supplies.
- The service undertook 'spot checks' of staff, this meant that a member of the management team would turn up unannounced to observe the staff member working.

#### Learning lessons when things go wrong

- Staff meetings were held to discuss learning and areas for improvement. Due to low levels of staff attendance, the service had changed the way that team meetings were managed. The service offered staff the opportunity to attend two meetings, at different times and this meant that the numbers of staff attending meetings had increased.
- When accidents or incidents occurred, these were followed up by the registered manager. For example, when a missed visit occurred this was used to remind staff about how they should inform the management team of sickness.



# 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

We checked whether the service was working within the principles of the MCA.

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.

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

- People's needs were assessed, and people told us that care staff respected their choices. For example, one person said, "Carers know me and have been coming so long, they know what to do but check with me its ok, might just be a look or a nod but they are always respectful." However, care plans we reviewed were not detailed. For example, one person required assistance with dressing and the only details included were, "Will require assistance to dress". The service used agency staff who may not be familiar with people's needs, this meant that staff may not have access to the information required to provide effective care.
- Reviews of people's care plans were not always meaningful and care plans were not always updated to reflect changes that had been identified. This meant that information in care plans was not always correct. However, people told us that they received care that met their needs. Comments from people included "She [staff member] has had good training and knows the way I like things done and looks after me well". This meant that staff may be accessing out of date information.

Staff support: induction, training, skills and experience

- People told us that they were supported by staff who they felt were well-trained. Comments from people included, "She [care staff] has had good training and knows the way I like things done and looks after me well" and, "I have never had anybody who isn't well trained; they notice things like when I had a rash, and when I had another problem and advised calling the doctor".
- Staff completed an induction when first employed, this included 'on the job learning' as there was no facility for staff to practise with manual handling equipment in a training environment. The induction also included classroom learning and staff new to care were expected to complete the care certificate. One staff member told us that they had received, "Both practical and written training." However staff training records did not record that all staff had received appropriate training.
- Staff were receiving regular supervision sessions and observations, although the registered manager was aware that some staff were not having regular appraisals and was working to improve this. The service had recently introduced 'themed supervision'. For example, we saw that one staff member had received a 'themed supervision' session about medicines administration. The staff member was observed gaining consent, checking the medication administration record (MAR), using personal protective equipment (PPE) and record keeping.

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

- People told us that staff asked them for consent before beginning a task. Comments from people included, "My carer comes in and says, "What can I do for you darling", I love it". One relative said, "I hear the carer talking to my [relative] and asking, "Is it alright if I do...?", there is a lot of joking and banter."
- People using the service were asked to complete a 'signature consent form'. This form was signed by the person to record that they consented to receive assistance from Nursing Solutions' staff with specific tasks, for example medicines administration and manual handling.
- We asked the registered manager if we could review care plans that included a capacity assessment and best interest decision. The registered manager told us that all people receiving a service had the capacity to make all decisions. However, we reviewed one care plan that recorded the person had vascular dementia and was, "sometimes" unable to make decisions. There was no capacity assessment or best interest decision recorded for this person. However, care staff were directed to support this person rather than make decisions for them.

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

- People told us that they were receiving the appropriate support to eat. Comments from people included, "I don't have much of an appetite, carers encourage me to eat and leave me a sandwich when they go" and, "The carer makes me my breakfast and I have frozen ready meals delivered which they put in the microwave".
- A 'Nutrition and Hydration Assessment' was available to complete and this was used to record information such as food allergies and meal time preferences. However, these were not consistently completed, and it was not always clear who may be at risk from malnutrition or dehydration. The registered manager told us that they were aware there were areas within care plans that had not been completed and they were working to rectify this.

#### Staff working with other agencies to provide consistent, effective, timely care

- The records of all referrals made by the service were not easily accessible and so could not be viewed as part of the inspection. When telephone referrals were made these were not always recorded. However, we saw evidence that external organisations had been contacted, for example the district nurse, in the daily notes and incident records.

#### Adapting service, design, decoration to meet people's needs

- People receiving care lived in their own homes and retained control over the design and decoration.

#### Supporting people to live healthier lives, access healthcare services and support

- People told us that staff had accompanied them to Hospital and GP appointments.
- We contacted three healthcare professionals for feedback about their experiences of working with Nursing Solutions, however we did not receive responses.

## 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

Ensuring people are well treated and supported; equality and diversity

- People told us that staff who visited them were kind and caring. One person said, , "I was anxious about having care, but I needn't have worried. My carers are all lovely and know when to give me time and space on my own." A relative said, "I would highly recommend these carers, they are kind and considerate, they allow my [relative's name] to do what he can, their help is invaluable."
- The service had invited staff and people to write down what dignity meant to them. This was displayed on a 'dignity tree' in the office. One person had written, "I am not my illness. Please see beyond it to the human-being I am. By doing this you will help me keep my dignity."
- People told us that they received care from staff who they knew. Comments from people included, "I always get my own carer unless she is on holiday or having a day off, she is nimble and knows just how I like things done" and, "I have care twice weekly, always the same person, we have built up a relationship and it has helped me to gain confidence."

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

- People told us that their needs were being met. Comments included, "I wrote my own care plan, I am getting the care I need in the way I want it, my wishes are respected." One staff member said, "No concerns. People's needs are addressed."
- The service maintained a compliments folder and one card read, "Thank-you for all the care you have given to my parents."

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. Comments from people included, "I have no worries or embarrassment when having personal care, it is done in such a nice way."
- One relative told us that the service helped their loved one to remain independent. The relative said, I would highly recommend these carers, they are kind and considerate, they allow my [relative] to do what [they] can, their help is invaluable."

## Is the service responsive?

### Our findings

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

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

- We saw evidence in care plans that people were encouraged to make their own choices. For example, one care plan said, "Carers are to prepare me breakfast of my choice."
- People told us the service responded to changes in their needs. This was done easily and informally through the office. For example, one person said, "Originally, we had carers four times a day, but as there has been an improvement in our situation we phoned the manager and have reduced it to two."
- The care plan included details about people's interests, life history and what was important to them.

Improving care quality in response to complaints or concerns

- People told us that they could raise complaints or concerns and they felt they would be listened to. Formal complaints that we reviewed had been responded to appropriately.
- People and relatives we spoke with knew how to make a complaint. One person said, "We were only let down on one occasion, but as soon as we phoned the office, they were most apologetic and said they would send someone else immediately."

End of life care and support

- There were end of life care plans available for people to complete if they wished. These could include information about a person's will, funeral arrangements and who the service should contact.
- Positive feedback had been provided about the end of life care people had received. One compliment the service had received from a relative read, "To all the [care staff] that looked after [relative's name], thank-you very much. You made it very comforting at the end."

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection we identified that there were not effective systems in place to monitor and review the quality of the service. At this inspection the service was auditing medicines, care plans and questionnaires. However, the audits were not comprehensive and the audits that we reviewed were not completed regularly. For example, the medicines audit identified that recording errors had occurred however there were not sufficient details, such as dates, times and types of medicines, to check if the auditing process had been effective and improvements made.
- We reviewed the training matrix and it indicated that some staff had not received training in line with the service's policy. We discussed this with the registered manager and asked to review the training certificates. The registered manager told us that the service was in the process of changing training providers and so could not access the certificates. This meant that the provider could not be assured that all staff received training and updates relevant to their roles.
- When the service had created action plans, it was not clear that actions had been taken, by who or when to confirm improvements had been made.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had responded to complaints and we saw evidence that actions had been taken as a result. For example, one complaint resulted in the registered manager revising the staff handbook and providing staff with copies at a team meeting. The registered manager guided staff to information relevant to the complaint.
- People spoke positively about the registered manager. Comments from people included, "[The] manager is lovely, [they] came to see me to check all ok, it is a pleasure to see [them]" and, "I have confidence in the manager and all the staff, I have no need to worry about anything; I am glad to have them, they have fitted in well but have not taken over."
- We observed care staff visiting the office and speaking with the registered manager and office management team about people who they cared for. The service communicated with staff using telephone, text messaging and staff meetings.

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

#### characteristics

- The service offered people the chance to complete an annual questionnaire and responses received had been reviewed and action plans had been formed. However, it was not always clear that actions had been completed. For example, the service had identified that late visits should be recorded to provide information about the numbers of late visits. However, there was no timescale for completion and at the time of our inspection this had not been implemented.

#### Continuous learning and improving care

- The service had recently become a member of the 'Dignity Council', an organisation that aims to influence and promote dignity in care. As a result of their membership, the service had appointed four dignity champions. The service was trying to improve awareness of dignity among care staff and people.

#### Working in partnership with others

- The registered manager said the service made referrals to healthcare professionals and organisations as appropriate. We saw evidence in care plans that the speech and language therapy team (SALT) were involved with a person and that another person was awaiting a visit from the occupational therapist.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks were not consistently well assessed. When risk assessments were completed these were not always updated when changes occurred or in line with the service's policy.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Audits were not completed regularly and were not comprehensive. The service had not maintained an accurate record or overview of training completed by staff. Action plans did not always include details relevant to completion.