

Nursing Solutions Limited

Nursing Solutions

Inspection report

Suite 62, Pure Offices
Pastures Avenue, St Georges
Weston Super Mare
Somerset
BS22 7SB

Tel: 01934522022

Date of inspection visit:
12 January 2018
15 January 2018
29 January 2018

Date of publication:
02 March 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook this inspection of Nursing Solutions on 12 and 15 January 2018. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection. The service was registered to provide a regulated activity with the Care Quality Commission in August 2017. This was the service's first inspection since registering and had not been previously rated.

Nursing Solutions provides personal care and support to older people in their own homes in the Weston-Super-Mare area. At the time of our inspection there were 30 people receiving personal care and support from the service.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Audits were not fully effective in monitoring and improving the quality of the service provided. This was due to shortfalls found during the inspection relating to body maps, Mental Capacity Act records and analysis of incidents and accidents and complaints.

People felt safe and had regular staff who visited them. Medicines were administered safely although care plans required body maps of where staff should administer their creams. Risk assessments were in place to keep people safe. Staff were knowledgeable about identifying and reporting and safeguarding concerns.

People were supported by staff who had pre-employment checks undertaken on their suitability to work with vulnerable adults although one member of staff required a Disclosure and Barring Service check since working for Nursing Solutions.

People received support from staff who received training, supervision and an annual appraisal. All staff felt happy with the support from the manager and provider at the service. Staff supported people as directed in meeting people's nutritional and hydration requirements. Staff enabled people to make their own decisions. However care plans had no information when people were unable to make decisions themselves.

People were happy with the care they received and felt staff were kind and caring. Staff were able to demonstrate how they promoted people's independence and privacy.

Care plans contained important information about people and their lives. Where people needs changed the service was responsive to identifying this and ensuring appropriate referrals to health care professionals were made. People felt able to make complaints and there was a complaints policy in place.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People received their medicines as prescribed although care plans had no guidance that confirmed where people had creams applied.

People told us care was delivered safely and as scheduled.

Staff were able to identify abuse and knew who to report concerns to.

Risks to people and the environment were identified and recorded in people's care plans.

Is the service effective?

Good 

The service was effective.

People were supported by staff to make decisions about their care needs.

However when people lacked capacity care plans were not always up to date and there was no record of the power or attorney paperwork.

Staff received an induction, regular supervision and training to support them in their role although some staff required an update in their moving and handling training.

People were supported by staff and the agency to have their health needs meet.

Is the service caring?

Good 

The service was caring.

People told us staff were kind and caring and they were treated with dignity and respect.

Staff were able to demonstrate their understanding of equality and diversity.

Staff gave examples of how they promoted choice and control.

Is the service responsive?

Good ●

The service was responsive.

People felt happy with the care and able to raise any complaints or concerns.

Care plans were person centred and included important information relating to people's likes and dislikes and life histories.

The service was responsive when people's needs changed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Audits were not in place to ensure the effective monitoring of the service.

The provider was not accurately registered with the Commission.

People and staff felt positive about the management of the service.

Feedback was sought from people about the care and support they received from the service.

Staff had meetings to communicate and share and updates or changes to people care needs.

Nursing Solutions

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 was planned to check 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.

The inspection was carried out by one inspector and an 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

During our inspection we visited the Nursing Solutions office. We spoke with the registered manager, two office staff, the care manager and two staff members. We gained views from telephone calls to 11 people and eight relatives who received care and support from the service. We visited two people and also spoke to a further two staff members on the telephone.

We looked at six people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

People received their medicines safely. Medicines Administration Records (MARs) confirmed people had received their medicines as required. Where shortfalls in the recording of medicines had been identified records confirmed what actions had been taken. Some people were prescribed creams however the person's care plan had no guidance or support plan in place that confirmed where these creams were to be applied. For example, in one care plan we reviewed the person was prescribed one cream. The staff member was able to confirm where the cream was to be applied but there was no record that confirmed this. It is important that staff have clear guidelines to follow so that creams are applied where necessary. We fed this back to the registered manager who confirmed they would address this shortfall.

People were supported by staff who had checks undertaken prior to supporting people. For example, checks including verification of identification, references and disclosure and barring service (DBS). DBS checks ensure the individual is suitable to work with vulnerable people. One member of staff had no current DBS undertaken since working for Nursing Solutions for the last eight months. The registered manager confirmed there was a declaration completed that confirmed the individual had signed to say there had been no changes although no new check had been undertaken prior to undertaking the inspection. Following the inspection the registered manager confirmed a new DBS had been applied for.

The provider had a contingency plan for unexpected events such as inclement weather, shortages of staff and IT system failures. The contingency plan included details of what actions could be taken and who to contact. However we found the contingency plan included old information relating to another office the provider used to have. The registered manager confirmed they knew people well and were able to identify people who could be at risk or require additional support for example in inclement weather. However there was no specific plan in place that identified people's needs should an emergency arise. We fed this back to the registered manager for them to take the action required.

Incidents and accidents were reported by staff to the management or on call out of office hours. Accidents where staff had injured themselves at work were recorded in a staff incident book. We found limited information relating to where people using the service had been injured or had an accident. The registered manager confirmed there had been no recent incidents where incident forms had been required. We found no overview analysis that confirmed when the last incident had occurred. We fed this back to the registered manager and provider as by keeping a log of all incidents and accidents enables the service to review any trends to prevent similar occurrences from happening again.

People's care plans had information that identified risk and what measures were in place to address those concerns. Care staff and the management knew people's risks well. For example, they identified people who had pets in their home and who required more than one member of staff to support them. They were also able to identify people who required equipment to support with their mobility. Environmental risk assessments were also completed to ensure that the care and support could be delivered safely.

People felt safe and staff were able to demonstrate a clear understanding of abuse and what they would do

if they suspected this. One member of staff told us, "Abuse is physical, emotional, financial, sexual." Another member of staff told us, "I would go to the manager, social services the police or you (CQC)." One person told us, "I feel absolutely safe. I cannot praise them enough". One relative told us, "I feel my wife is in safe hands at all times."

People received their calls on time and when required. People told us, "Yes they arrive about the same time each day". One relative told us, "They are always on time; they just get on with things".

People's calls were monitored by office staff. Staff had an 'App' on their phone which enabled them to review their rota including any changes. Staff and people felt they had continuity with regular staff visiting them. One person told us, "I have two or three staff visit. I know them".

One member of staff told us, "I always tend to do the same people. They know it is me and when to expect me". Rotas were sent to people so that they were aware of who was visiting them, when and at what time.

Staff were issued equipment to enable them to undertake their role safely. For example, staff were given uniforms, ID badges, personal alarms, a bag, staff handbook, paperwork and personal protective equipment such as gloves and aprons. The registered manager confirmed that staff were able to drop into the office at any time where they could collect replacement gloves, aprons and paperwork. We observed this during the inspection as staff visited the office during their working day.

Is the service effective?

Our findings

The service was effective. 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.

Two people's care plans did not identify people's capacity around different areas of their care. The registered manager confirmed that one person had a power of attorney in place for finances however their care plan did not confirm these details. There was also no copy of the paperwork that confirmed that arrangement. This was also the case for the other person. Both care plans had limited information relating to who had power of attorney and when they should be involved and why. We fed this back to the registered manager and provider.

People were supported by staff who gained consent prior to supporting people with their care and support. All people we spoke with were happy with the support they received. One member of staff said, "We always gain consent before we wash or dress someone. If they don't want to get washed and dressed we ask them why."

People were supported by staff who had regular supervision and appraisals. Staff were happy with the supervision they received. One member of staff told us, "Yes, I get supervision. It is very good". Staff received a combination of one to one supervisions and spot checks. Supervisions were an opportunity for staff to discuss their development, performance or any areas that might affect them at work. Spot checks were an opportunity for the management of the service to check how staff were supporting people, if they kept to their schedule and if they were wearing their uniform and ID badge. Records confirmed this.

New staff were inducted by the registered manager. They confirmed they met with staff before they started and familiarised them with the agencies policies and procedures and staff hand book. Records confirmed this.

People and staff felt they received training to enable them to undertake their role competently. One person told us, "I think they're very well trained". Another person told us, "They're very quick with their training. I see 'shadowing' sometimes to assist with training". One member of staff told us, "We get lots of training". Another member of staff said, "I have done moving and handling and medicines training". Staff received additional training so that they were able to support people with their individual needs. For example, one member of staff told us they had received additional training in Percutaneous endoscopic gastrostomy (PEG). This is when the person has a tube passed into their stomach when they are unable to orally intake their food.

Staff had received training in safeguarding adults, mental capacity act, equality and diversity and safe administration of medicines. However, some staff required an update in their moving and handling training.

This was confirmed by the training matrix. The registered manager confirmed they were in the process of reviewing what staff's training was required and how was best for them to undertake the training.

Some people were supported by staff with their nutrition and hydration needs. Care plans confirmed these arrangements. For example, one person's care plan confirmed the person was at risk of choking. Their records confirmed how they required their food preparing. Staff and the management knew people well and how people required their food preparing. Where people were being monitored with their food and fluid intake daily records confirmed what the person had eaten and drank so that any concerns were identified. Records confirmed this.

People were supported with their health needs when required. One person told us, "They liaise with the district nurses if needed". During the inspection we observed a member of staff calling the person's GP to request Physiotherapy. This was because staff had identified a change to the person's mobility. The management of the service gave other examples of when they had recently involved a speech and language therapist for one person and a referral to a social worker for a review of a person's care needs.

Is the service caring?

Our findings

People and relatives all felt happy with the care they received and that staff were compassionate. One person told us, "They're brilliant. All very kind and pleasant – can't fault any of them". Another person told us, "My carer is like a friend"; "I couldn't wish for anything better – they're nice and kind."

People described their staff as excellent, helpful and caring. One person said, "They [staff] are truly excellent." Another person told us, "One carer – they are outstanding". One relative said, "My relative really likes all the carers. I sometimes listen to them chatting away to her whilst they are getting her ready." Another relative told us, "Absolutely great – they make time to talk. They care for me – as a person".

People told us that staff were positive, and treated people with respect and prompted their independence. One person said, "I feel relaxed, they put me at ease. They're very experienced". Another person told us, "They encourage me to do what I can to keep independent". Another person said, "I like to be independent and they help me – they brighten up my day". One relative told us how positive it was that care staff did not 'talk over them' and how they involved the person with conversations. Staff gave examples of how they encouraged people to maintain their independence. For example, one member of staff told us, "I always encourage people to wash their face. I will give them the flannel for them to do this themselves. It might take longer but is it better they do this for themselves so that can remain as independent as possible".

People were supported by staff who upheld their privacy and dignity however during the inspection we observed one member of staff discuss another person who they provided support to whilst in another service users home. We fed this back to the registered manager. Staff were able to give examples of how they respected people's privacy. One staff member told us, "I always ensure that the curtains are shut along with doors extra". Another member of staff told us, "I always use towels and ensure people are covered when not being washed". People told us, The member of staff "Washes their back and then discreetly stays out of sight whilst they wash their front".

People were supported by staff who were familiar with people's needs and preferences. Staff had built a friendly close relationship with people they supported. For example, staff knew important information relating to people's life, their family and hobbies. We observed positive communications respecting people's preferences including what they enjoyed watching on televisions and how people wanted to spend their time. One person told us, "I like them – they're chatty".

People were supported by staff who gave them choice and control. Staff were able to give positive examples of how they enabled people to make daily choices about their care. One member of staff told us, "I give [name] a choice of what clothes. This includes their socks. If they don't want to wear what I am showing them they will identify something else". Another member of staff told us, "I always offer people a choice of breakfast even if I know they enjoy their regular choice".

Is the service responsive?

Our findings

People felt the service and staff were responsive to their support requirements. One person told us, "The office is very responsive". Another person felt the service they received suited them. They felt their visit times had been arranged to meet their daily routine. Care plans were reviewed every six months or when required. People were involved in this process. Where people wished for other family members or other relevant people to be included in this process they were.

People were happy with the care they received. Staff confirmed they checked people were happy and had everything they needed before they left them.

Care plans contained important information. For example, care plans included information relating to people's history, social circumstances, and equality and diversity. This enabled staff to develop positive relationships with people. One care plan confirmed where the person had been born, their preferred language, where they used to live and if they had been married, this was recorded in a 'This is me' document.

Staff were able to demonstrate their understanding of equality and diversity. One member of staff told us, "It's about treating people the same no matter what". They were able to confirm the different protected characteristics of equality. They told us for example, "Sex, age, beliefs, religion, disability as well. It is about treating people as an individual."

The management was responsive to identifying if people had a preferred communication need. For example, one person had recently had an assessment from a speech and language therapist. A communication passport had been developed. Staff used picture cards of what the person liked. Such as where they liked to visit, what they liked to do, and what they liked to eat and drink. This meant where people were unable to communicate verbally referrals were made to health care professionals to enable people and staff to communicate effectively.

People felt able to raise a concern or complaint if needed. Two people confirmed where they had raised a complaint with the management things had been resolved quickly and to their satisfaction. For example, one person had asked for their carer to be changed. They said, this was sorted out immediately – "She didn't visit again!" Another person had a problem with their financial bills. They confirmed, "This was sorted out fairly quickly". People received a copy of how to complain within the service user guide. This was available within people's care plans. Although people felt able to complain no log was kept of complaints made, the nature of each complaint including a brief outcome. This meant there was no overview analysis so that any trends or themes could be identified including any actions taken to prevent similar complaints from occurring. We fed this back to the registered manager and provider for them to take the necessary action.

People were supported with their wishes to remain at home and receive support from the agency with their end of life care. The registered manager confirmed they support people's family and loved ones. They would liaise with other professionals as required and were able to give examples of when they had undertaken this.

This meant people were supported with their wishes to receive care that was sensitive to their needs and wishes.

Is the service well-led?

Our findings

The service was not always well-led. There were not effective systems in place to monitor and review the quality of the service. For example, there was no audit tool that monitored, training that was out of date, care plans, incidents and accidents, complaints or the compliance around medicines management. During the inspection we identified shortfalls relating to the completion of body maps, Medicines Administration Records, one member of staff missing a DBS check and mental capacity documentation. There was no clear audit system in place that identified these shortfalls so that actions could be taken.

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

The provider at the time of the inspection was not accurately registered with us. For example, the provider had moved into the office where the service was provided. We had not received an application to change the providers registered address with us. Following the inspection we received confirmation that action had been taken.

The registered manager understood their responsibilities in submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the service. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.

There was a registered manager in post at the time of the inspection. They knew the service well. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by the provider, a care manager, a care planner, an office administrator and a human resources consultant. There was a team of care workers who provided care to people and two out of hours senior care staff who provided support outside of office hours. This enabled people to access help and support outside of office hours if required.

The service aimed to provide, 'High standards of professional, educational and employment practices'. Nursing Solutions Limited confirmed in the services, Statement of Purpose. It aimed to, 'Provide its service users with a high quality, reliable person centred, professional service'. The registered manager confirmed this was the services aim.

Staff and people spoke positively about the management and provider of the service. One person told us, "I can always call the office if I need to. It is never a problem". Another felt they had built a very good positive relationship with one of the managers of the service. They told us, "[Name] had become a friend". They also

said that, "They put themselves out for me". People felt the service was well run. One person said, "There is nothing I worry about at all". Another person said, "I would certainly recommend Nursing Solutions". One member of staff told us, "I also have a chat to [Provider's name]. They always ask how I am."

Staff felt supported by the registered manager, care manager and office staff. One member of staff said, "I can go to them any time. There is also an out of hours phone number I can call". Another staff member said, "I go to [Name of person]. They are always approachable and they always know the answers". Staff attended staff meetings. Records confirmed topics such as people's care and support needs were discussed along with training, uniform and areas to improve upon. Staff were sent copies of the minutes of these meetings and records confirmed who had attended.

People were sent a survey each year. This was an opportunity for the provider to gain views about their service and review if people were satisfied. Responses from the survey were collated and analysed in order to identify if any areas needed change or improvement. The last results for 2017 were not available at the time of the inspection. The previous year's results confirmed the service received 50 responses out of the 98 surveys sent. 48 people felt carers were competent and sufficiently trained. 49 people felt that carers treated people with dignity and respect and 49 felt that they had a good relationship with the company and carers. This meant people's views were sought so that improvements could be made to the care they experienced.

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 17 HSCA RA Regulations 2014 Good governance The provider did not operate effective systems to monitor and improve the quality of the service provided.