

Professional Nursing Services Limited

Professional Nursing Services Limited - 25A White Horse Court

Inspection report

North Street
Bishops Stortford
Hertfordshire
CM23 2LD

Tel: 01279507077

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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

We undertook an announced inspection of professional Nursing Services on 27 January 2016. We told the provider two working days before our visit that we would be coming to ensure we could access the information we needed.

Professional Nursing Services Limited is registered to provide nursing and personal care to people who live in their own homes. At the time of our inspection nursing care was not provided and three people received support with personal care in their own homes.

We were unable to speak directly with people who received support due to the complex conditions some of them lived with and the circumstances in which they were supported. However, we obtained feedback about the services provided from people's relatives and the staff team that provided people's care.

We last inspected the service on 16 July 2013 and found the service was meeting the required standards at that time.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People's relatives told us that they felt confident that people were safe and secure when receiving care. Staff were knowledgeable in recognising signs of potential abuse and understood how to report concerns both within the organisation and to outside agencies. Assessments were undertaken to assess any risks to people who received a service and to the staff who supported them. There were sufficient numbers of staff available to meet people's individual support and care needs at all times, including during the night and at weekends. People received appropriate support from staff to enable them to take their medicines.

People received their care and support from a staff team that had a full understanding of people's care needs and the skills and knowledge to meet them. People who used the service were treated with kindness and respect and their privacy and dignity was respected.

People received care and support that was based on their individual needs and preferences. People's care and support plan was amended as necessary and in consultation with their relatives to meet their changing needs. Relatives of people who used the service felt confident raise any concerns and were in no doubt that they would be managed appropriately.

Staff were supported by the registered manager and received the training and supervision necessary to empower them to provide safe and effective support for people. People's views about the service provision were gathered regularly to help the provider and registered manager assure themselves that the service they

provided was safe and was meeting people's needs.

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.

People's care was provided by staff who had been safely recruited.

Staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who were appropriately trained and supported to perform their roles.

Staff received regular support from the registered manager.

People were provided with support to eat where needed.

People were supported to access health care professionals as necessary.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned and kept under regular review to help ensure their needs were consistently met.

People were supported to engage in a range of activities.

People's concerns were taken seriously and their relatives and representative felt listened to.

Is the service well-led?

Good ●

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open, respectful and inclusive.

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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 met 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 under the Care Act 2014.

This inspection took place on 27 January 2016 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service; we needed to be sure that someone would be available and that we could access the information we needed. The inspection was undertaken by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. We reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider.

As part of this inspection we spoke with relatives of two people who used the service, four staff members, the registered manager and the provider.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People's relatives told us that care was planned and delivered in a way that promoted people's safety. One relative said, "We are very happy indeed with the service we receive from PNS. I know [Relative] is safe and well looked after."

Staff were knowledgeable in recognising signs of potential abuse and understood the relevant reporting procedures. One staff member said, "I would first report any concerns to my manager, they are very supportive. I would report any concerns to the social services safeguarding team in the event I could not report to my manager." Staff were required to complete safeguarding training as part of their induction and undertook regular refresher training to help ensure their knowledge remained current. No safeguarding concerns had been raised by or about the agency in the past twelve months. However the registered manager confirmed that they would escalate any concerns to the local authority safeguarding of adults team when necessary.

Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. These included environmental risks and risks relating to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, one person had been assessed as being at risk of scalds and the assessment clearly stated that staff were to ensure that hot drinks were provided in a, 'Firm china cup, not a flimsy paper one as provided in some cafés,' to help avoid the risk of scalds.

Safe and effective recruitment practices were followed which helped ensure that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. Relatives told us that the staff employed to work with the agency were of a high calibre. One relative said, "The staff are absolutely marvellous, they are really nice and good at what they do."

There were sufficient numbers of staff available to meet people's individual support and care needs at all times, which included during the night and at weekends. People's relatives told us that staff were punctual and that there had not been any occasion where staff members had not arrived to provide care and support.

People's relatives told us that they were happy with the support that people received with their medicines. A relative told us, "All medicines are recorded properly and the staff always have support from the agency office if they need it." There were up to date policies and procedures available to support staff and to help ensure that medicines were managed in accordance with current regulations and guidance. Staff members were able to describe to us how they supported people with their medicines. Records and discussions with staff showed us that they had received training in the administration of medicines and had their competency assessed.

Is the service effective?

Our findings

People's relatives told us that staff were very well trained and were very competent in their work. A relative told us, "Staff are all well trained and they also learn skills from each other."

People were supported by staff who had the knowledge and skills required to meet their needs. All staff that we spoke with said that they were fully supported by the registered manager. One person said, "The manager is very approachable, if there is anything that concerns me I can call them at any time of the day, in the evenings or at weekends too." Records and discussion with staff members confirmed that they had received training in areas that included medicine administration, moving and handling, crisis intervention, health and safety, food hygiene and fire awareness.

Staff had received some training specifically to help meet people's individual needs. For example, a speech therapist had been sourced to provide 'intensive interaction' training for the staff team and the person's relatives. The relative told us that said that the person had benefitted from this because the training supported staff to understand life from [person's] perspective.

All new care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing established staff before working with people independently. Training was provided during induction and then on an on-going basis.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. One staff member told us, "We have supervision regularly and in many ways. For example, we have some at the office and some where the manager comes to the person's home where we are working. We also have 1:1 sessions so that we have the privacy and the freedom to talk with the manager about anything we want." All staff we spoke with told us the management team were supportive and that there was always someone to call for advice or guidance.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA.

Relatives confirmed to us that the people who received support from the agency did not have the capacity to make their own decisions about their care and support. Relatives told us that the staff and management team at PNS were committed to ensuring that people's wishes were considered where possible. For example, there were instances where people's body language could indicate if people were happy or if they wanted something. One person picked up the car keys and their coat and this indicated to staff that the person wished to go out.

A relative told us that they were satisfied with the support staff members provided for a person to eat and

drink a healthy diet. They explained that they had developed menus and provided advice and guidance for staff who, in turn, prepared food for a person accordingly. Staff monitored the person's weight regularly to help ensure it remained within acceptable boundaries to promote their health and well-being.

Staff supported people to access healthcare appointments as needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Relatives told us that staff shared any concerns about people's health needs with them and worked as a team to provide the support that people needed.

Is the service caring?

Our findings

Everyone we spoke with told us that people were treated with kindness and compassion by the staff who supported them and that positive and caring relationships had been developed. A relative told us, "They are such a caring staff team and very supportive of each other and us too. We work well as a team and I truly think that [Person] has the best life that they can." Another relative said, "We are very happy with the service provided, they are really nice people that look after [Person]."

Everyone we spoke with confirmed that people had regular staff that provided their care. One relative told us, "There is a constant team of nine carers that provide care for [Person]. They always cover each other for annual leave or sickness and it means that [Person] always receives their care from people that know them well."

When new staff started to work with people they did this by shadowing established staff members. Staff told us that this could be for a period of a week upwards depending on how long it took for them to become confident. One staff member told us, "I was very impressed, the manager told me to take as much time as I wanted because it was important to be comfortable working with the person." Another staff member said, "New staff shadow existing staff members before they work on their own with people. We need to be sure that the new staff member is confident and that the person they support responds to them OK."

Relatives told us that staff were respectful of people's privacy and maintained their dignity as much as possible. For example, one relative told us that when staff assisted a person to return to their bedroom to help them get changed they made sure the bedroom curtains were drawn to promote their dignity. Relatives also told us of how staff supported a person to look their best. They said, "[Person] is supported to look as good as they can. For example, with comfortable fitting and co-ordinated outfits, nice accessories and a bit of make-up."

One staff member said, "We talk with [Person] and tell them what we are helping them to do so that they can try and do some of it themselves. This helps to give them some dignity and respect. We try to normalise their care as much as possible, we all know that we would like to be treated with love and respect so we try to do the same for [Person]."

Support plans reflected the fact that families and social care professionals had been involved in developing the plan of support provided. Confidentiality was well maintained at the service which meant that information held about people's health, support needs and medical histories was kept secure.

Is the service responsive?

Our findings

Relatives of people who used the service said that they felt that they were listened to and that they would be comfortable to talk with the management team if they had any concerns. One relative said, "When we have raised any concerns they have been dealt with immediately. The manager listens to us and puts things right straight away."

A relative told us, "The agency is very responsive to our needs too. For example, they have supported us through some difficult processes with the local authority when they re-evaluated [Person's] care."

People's care packages had been developed by their relatives in partnership with the staff who provided their care. Relatives told us that the staff team met regularly to discuss any issues specific to people's care and to ensure that everyone was confident that people's needs were being met in the best possible way. One relative said, "I have always been very involved in developing [person's] plan of care and the agency are more than willing to accept any suggestions I make."

Staff members were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service.

Staff members supported people to engage in recreational activities according to their likes and preferences. These included such things as going for car journeys in the countryside, going out for lunch, trampolining, swimming, finger painting or visiting markets, pubs or zoos.

The provider's complaints process was included in information given to people when they started to use the service. The registered manager had not received any complaints since our previous inspection in July 2013. Relatives told us that they would be confident to raise anything of concern with the registered manager and one relative told us, "I am aware of the agency's complaints procedure however, I can't imagine ever having to use it."

Is the service well-led?

Our findings

People's relatives told us they had confidence in the management team and in the way the agency was managed. One relative said, "They are simply exceptional. They are small and they concentrate on what is really important." They went on to say, "I really think that PNS are very loyal to [Person] and I consider myself very lucky to have come across them. It is a great weight off my shoulders knowing that [Person] has such good care and support."

There was a positive ethos evident at Professional Nursing Services that was open and inclusive. All staff members we spoke with praised the management team for the support and guidance that was available to them at any time. One staff member said, "The management are very supportive indeed, they come at any time we need them to and are always available on the phone at any time. They treat us with respect, this makes us feel valued and supports us to care for people with respect too."

The manager facilitated regular meetings with the staff team to discuss practice issues and any matters arising. These meetings sometimes took place at the home of a person who used the service with their family member present. We noted that the family member actively contributed to the meeting, staff told that this was positive because it meant there was a 'whole team approach' to providing the person's support.

The management team monitored the quality of the service provided by visiting people who received care to assess the standard of care provided and by talking with people's relatives to obtain their feedback. A relative told us, "The manager regularly sends us questionnaires to complete so that they can assess if we are still happy with the care provided for [Person] and the carers that provide it."

Relatives told us that the registered manager was always available and very responsive to them. A relative said, "The manager regularly communicates with us and I know I can contact them at any time. Either they will come here or I can go there." Another relative said "[Manager] checks with us regularly to make sure we are happy with everything."

The registered manager was aware of the attitudes, values and behaviours of the staff team. The provider had developed an employee handbook that set out clearly what was expected of staff and what they, in turn, could expect from the provider.

The agency's records were well organised and maintained. We viewed a sample of records including people's support plans, staff recruitment, documents, staff training records and complaints records. We found that records were completed in full, signed and dated and kept under regular review.