

European Nursing Agency Limited

# European Nursing Agency Limited

## Inspection report

Suite 2, Wentworth Lodge  
Great North Road  
Welwyn Garden City  
Hertfordshire  
AL8 7SR

Tel: 01707333700

Date of inspection visit:

13 April 2016

18 April 2016

19 April 2016

Date of publication:

02 June 2016

## 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 carried out an inspection of European Nursing Agency on 12, 18 and 19th April 2016. This was an announced inspection where we gave the provider 24 hours' notice because we needed to ensure someone would be available to speak with us.

European Nursing Agency provides live-in personal care and support to people, some of whom have complex physical needs, in their own homes. The agency also provides visits people in their own homes to provide personal care. At the time of the inspection European Nursing Agency was supporting 110 people.

We last inspected the service on 19 June 2013 and found the provider was meeting the required standards at that time.

There was a registered manager in post. 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.

People told us they received safe care, which was reliable. European Nursing Agency assign live- in carers for an average three month period, after which they have a break and on occasions return to the same placement if all parties are in agreement. People were given the time they needed to ensure their care needs were met.

People were protected from avoidable harm and staff knew what to do if they suspected abuse. Risks to people were assessed and risk management plans were in place and being further developed.

Staff had the skills and training they needed to deliver effective care. All of the staff we spoke with told us they were supported by the management team who were developing ways of live in staff to have peer meetings.

The service was working to the principles of the Mental Capacity Act 2005 and care staff supported people to make their own choices about their care.

There were robust recruitment processes which helped to ensure that staff members employed to support people were fit to do so. Staff knew their roles and responsibilities and were knowledgeable about the risks of abuse and reporting procedures.

People were supported with a range of services which enabled them to continue to live in their own homes safely. People and relatives told us they had been involved in the assessment and planning of the care and support provided and that the service responded to changes in people's needs.

All the care staff who dealt with people's medicines had received medicine management training and were clear about their role in managing medicines safely.

People told us the service was well managed and they felt they could approach the manager and care coordinators with any concern and they would be dealt with. Care staff told us they enjoyed working for the service and received good training.

Systems were in place to monitor the quality of the service provided to help ensure people received safe, effective, care and support.

## 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 were supported by staff who had been safely recruited.

Support 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 support from staff who were appropriately trained and supported to carry out their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to access a range of health care professionals to ensure that their general health was maintained.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

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

People's dignity and privacy was promoted and maintained.

### Is the service responsive?

Good ●

The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly.

People felt able to raise concerns and had confidence in the owner and the manager to address their concerns appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led.

Staff were clear as to their roles and responsibilities and the lines of accountability across the service.

People's views were sought and systems were in place to constantly monitor the quality of the service.

People, their relatives and staff were positive about the owner and manager and how the agency operated.

# European Nursing 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 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.

This inspection took place on 12, 18 and 19 April 2016 and was carried out by one inspector. The first day was spent at the agency offices. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available at the location office to see us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and we contacted fourteen health and social care professionals for their feedback and received responses from seven.

During the inspection we visited four people in their own homes and spoke on the telephone with a further ten who received care in their own home. We also spoke with three relatives, six live in carers, the provider and registered manager of the agency, the care manager, the clinical lead, the training officer, operational manager and human resources manager and two care coordinators. We looked at care plans relating to six people who used the service and six staff files along with other records related to the service.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person told us, "Yes I feel safe and comfortable with my live- in carers. It was some time before I found this agency and it really is working well." Another person said, "It has gone very well indeed. I feel safe and confident in the carers."

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff members said they would not hesitate to report any issue of concern or use the whistleblowing policy if necessary and were confident in management dealing with it. The care manager and clinical lead have gained extra training in safeguarding and they have appointed a safeguarding champion within the agency. There had been two occasions where safeguarding concerns had been identified and the relevant procedures had been followed.

At the time of the inspection there were no safeguarding concerns from the provider or any agency. Following any safeguarding incidents managers debriefed the staff team focusing on lessons learnt. For example, a person's situation around finances led to better financial management practices and recording. We discussed with the care manager that recording of finances must extend to any transaction, however small or infrequent, in order to protect both the person receiving the service and the staff member concerned. As although staff were recording finances it was not always consistent for small amounts of money.

People had care plans which included assessments of risk and how to mitigate them. People told us they had been involved in creating their plan of support. Prior to any service being delivered to people one of the care managers undertook a full assessment of their needs together with an assessment of any risks posed by the support they required or the environment.

People with mobility needs who required assistance of a hoist were supported by staff trained to do so. The care manager and training lead explained how each staff carried out moving and handling training and were always shown, and made sure they were confident in, the use of each individual hoist. Staff were encouraged to be hoisted themselves to ensure they would have empathy with the person they were supporting. For example, one person's manoeuvre was found to be unsafe as it was using a technique no longer recommended. The person was offered alternatives whilst awaiting a further occupational assessment for new equipment. Any accident or incident reported would be reviewed by the care coordinators and care manager monthly to ensure safe practises were followed and any action required was completed.

The service operated robust and safe employment practices to help them recruit staff from all over the world. Following completion of an application form initial interviews are carried out by a computer video link and all staff said they were thorough. On staff member said, "It was a real in depth interview by [video link], they take things seriously." If people were thought to be suitable they were invited for a 5 day residential training for further assessment.

All relevant checks are made to ensure people's suitability before they began work. Safeguarding checks are obtained from their country of origin as well as UK checks. Staff told us they did not start work until all checks had been completed. We saw references had been received and verified and gaps in employment had been checked prior to staff being placed in people's homes. One health care professional told us that the service had robust training and clinical supervision practices in place.

The agency constantly recruited staff as many were on short term contracts. The care manager said they felt they had sufficient staff to cover the people they supported. However they have employed a second full time person to undertake recruitment. The agency uses a response team to initiate all live in care packages. These are experienced staff who can further assess and set up care packages that work for both the people in receipt of the service and the staff who support them. This response team are available as back up if a live- in carer becomes unwell or needs to leave their place of work for any other reason.

People who received a service said they had always been supported by the live in care staff as planned, but sometimes they did not know the person coming until quite close to the handover period. However, they said they knew that there would always be a live in carer provided.

The majority of staff worked on their own with people and told us they felt safe and were supported. For example, staff who were required to drive as part of the care package are given a driving assessment with a driving instructor to confirm they are able to drive safely.

People were happy with the support they received with their medicines. Staff were confident in the role they had in medicines, either prompting or assisting people, and said they had received appropriate training. One person said how staff made a record when they supported them with their medicines.

## Is the service effective?

### Our findings

People were positive about the care and support they received from European Nursing Agency. One person said, "It has been a very positive experience. The agency matches people with a carer to make sure they get on and it has been great". People told us they were sent a profile of a couple of live in staff so as to be able to choose one who may be suitable to meet their individual needs.

Relatives said they had nothing but praise for staff who supported their family member and for the office staff. One relative said, "I cannot recommend them highly enough".

People told us staff always sought consent before supporting them. One person told us "Staff always check with me before any support is offered". The need to seek peoples consent before any aspect of support was offered was documented in people's plan of care.

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff had received training about the MCA as part of their induction they were clear about gaining peoples consent before offering support.

People were supported by staff who had received the appropriate training for their role. The agency had their own training officer and in house training facilities. It used the new care certificate as part of staff induction; a nationally recognised framework for good practice. The service had recently appointed a second full time trainer and staff confirmed they had received a comprehensive induction before starting work with the agency which took place over five days. The last day of training was 'a day in the life' where staff go through all the practical aspects of caring with the use of a life size specialist manikin.

Staff were happy with their training which they said was informative and also practical. All of the staff said they were confident in their work as they had good training. One staff member said, "When I needed to go to someone with extra health care needs I received extra training and spent a day and a night in the hospital to make sure I was confident in their care".

Staff worked on their own as in live in carers. They live and provide support around the country. The nature and location of their job means that regular staff meetings are not possible. Care staff said the office staff were in regular contact and they could contact them at any time for support or advice. The coordinator visited staff members and provided supervision. However there was a monthly staff newsletter that kept staff in touch, with updates about policies and internal news. One live in staff member said "It is great getting the newsletter it keeps me in touch with everything".

Some of the staff said they prepared meals for people making sure they followed any special diets. One person told us how much they enjoyed the staff cooking saying they looked forward to it. If people had any specific nutritional needs these were assessed and met by the staff.

Staff supported people to access healthcare and would, when necessary, make referrals to healthcare professions. The agency had their own occupational therapist (OT) and nurse who ensured people were supported to access the right services. One relative spoke of how the level of training and staff hours they put into their situation enabled their relative to return home and be safe and confident in the care provided. Staff told us they accompanied people to hospital and helped organised GP or other health appointments when required.

## Is the service caring?

### Our findings

People were supported by staff who they said were caring and respectful. People's comments included; "Excellent, first rate I feel spoilt, they are brilliant"; "Staff get to know me and the agency work to make the staff match and so I can feel comfortable. If it doesn't work they can put in another person". A relative said, "I think they really do care and go the extra mile to make everything work, they facilitated a return home and help people keep independent".

When the provider and registered manager were asked what they were most proud of they said caring for people today as they cared for their friends, who prompted them to start the agency.

People said staff worked in a way that upheld their dignity and kept them in control of their care and support. One person said, "I have always been treated with respect and feel my dignity has always been upheld." Speaking with staff highlighted the emphasis they put on treating people with dignity and respect.

Staff showed they had good relationships with people, speaking about them warmly showing that they held them in high regard. They also demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their chosen name. One person who received care spoke of how it was the attitude of the staff carer that was important "They have a can do attitude which really helps."

People and, where appropriate, their relatives were supported to express their views and were fully involved in making decisions about their care and support. Care plans detailed people's choice and preferences in the support required, they were reviewed regularly and updated when necessary. People told us the agency took their time to be sure they had all the information necessary to provide the care and support they wanted. One relative said "The person who did the assessment was so kind and empathetic". Another person said "They come and see me and update anything that is needed".

People's information was held securely and confidentiality was maintained at all times by all the staff in the agency. The care manager said they tried to share key information about people amongst the care coordinators so they could respond to any queries if there was a need. People said they had good contact with the care coordinators and the staff in the office.

## Is the service responsive?

### Our findings

People told us that the care was personalised and responsive to their needs. One person said "It works for me they know the support I need and how I like to be helped and they do it". A healthcare professional said they had a good experience with the agency who were responsive to any changes in people's plans of care and were good at keeping in contact.

The care manager explained each person was visited before the service began to assess and plan their care package. People confirmed they were involved from the beginning in planning their care needs, choices and preferences and how these should be met. Their families and key care professionals were also involved when required. Care plans contained details about the type of support people required and how they preferred it delivered. However the care manager and clinical lead are further developing the format of their care plans and risk assessments to make them even more person centred and accessible to people who received care and the staff who support them. One person told us they were going to be working with staff to make their care plan format more personalised to them.

When new live-in care staff started to work with a person there was a 24 hour handover from the previous staff member. This could be extended, if required, for both the staff and the people being supported to feel both confident and comfortable. The care manager explained that people could always ask to change their live-in carer. People told us that the agency worked hard at matching people but if there was a personality clash or it just didn't work out the agency was responsive and would change the live in carer.

One person said "The co-ordinators come and see me, they spend a long time and are very helpful and go through all aspects of my care. All aspects of how the carers work and check that everything is OK. So I feel very confident in how the agency operates." Another person spoke of how responsive the agency was when they required help at short notice over a holiday period.

Everyone knew who to contact to raise any concern or to talk through issues. People told us their views on the service were sought regularly and they felt able to contact the office at any time with any matter and were confident it would be dealt with. People knew there was a complaints procedure. A person said, "I have not had to complain but if I did I would contact the office and I know it would be dealt with".

The care manager and operational manager both said they welcomed feedback and preferred people contacted them with any concern so that it could be dealt with quickly. They also both worked in a way to pre-empt concerns by regular contact and because staff kept them up to date with any changes or concerns.

The operational manager told us they were setting up a dedicated email/ text/phone complaints service for people to send concerns directly to them which would increase confidence in the service. Minor complaints and "grumbles" were also noted to see if any patterns emerged that required action. A healthcare professional said how they would recommend the agency saying they hold regular meetings with them and update them of any concerns appropriately.

## Is the service well-led?

### Our findings

People and their relatives told us they were confident in the way the agency was run and had regular contact with either the care manager, clinical lead and or care coordinators. The registered manager said the management team worked closely together to ensure the service was run effectively for people. One person who had a live in staff member said their overall impression was that the agency was very good. Everyone we spoke with said they would recommend them. A healthcare professional said, "In my view the agency appeared to be very well organised with the appropriate members of staff in place to ensure efficient day to day running of the service'.

People's views about the quality of services provided were sought when the care coordinators visited and everyone said they felt free to feedback to the agency at any time. The registered manager arranged for a care providers association to carry out an Independent quality assurance survey. The feedback was used to inform the development of the agency and make any changes people may have suggested. For example, he setting up of a dedicated complaints email link was as a result of people's feedback.

There was an ethos of commitment to care amongst the staff at the agency. Their aims of providing personal and individual service to allow people to remain in the comfort and familiar surroundings of their own home were borne out by the people we spoke with. People said their ability to lead the care they received was very important and a feature of the care provided.

There were clear lines of responsibility amongst the staff in the agency and systems were set up to favour communication amongst the team. There were weekly meetings amongst the care management staff where key areas of development or practise were discussed any issues reviewed.

Care staff said they felt well supported by the agency and the care coordinators and although they were lone workers they felt able to contact the agency at any time and were confident they would be supported.

There were systems to monitor the quality of the service and promote continuous improvement, which included reviews of care plans, risk assessments, spot checks for the hourly services, incident or accidents or any complaints, as well an independent review of the service.