

Nurses Friend

# Nurses Friend

## Inspection report

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02 June 2023

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Nurses Friend is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 6 people were receiving support with personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location provided care and support for 1 person with a learning disability. We assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Support:

Improvements had been made to risk assessments and care plans. However, some improvement continued to be required to ensure that risk assessments were in place in relation to pressure ulcers and falls and that care plans and risk assessments for people who may require physical intervention were sufficiently detailed. Other areas of risk were effectively assessed, for example the environment, eating and drinking and continence. People and staff told us how staff effectively worked with them to mitigate risks in all areas of their lives.

Medicines management had improved; medicines were safely managed, and people received their medicines as prescribed.

Systems and processes to protect people from the risk of neglect due to missed carer visits had improved, these now needed to be sustained and embedded. Staff understood how to protect people from poor care and abuse.

Staff recruitment procedures had improved, and staff were recruited safely in line with regulatory requirements. People received their care calls on time and told us they were supported by consistent staff who knew them well.

People's health needs were recorded in their care plans, and they were supported to access relevant health and social care professionals. People were supported to have enough to eat and drink to maintain their health and well-being.

People were protected from the risks associated with infection because the service had processes in place

to reduce the risk of infection and cross contamination and these were followed by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

Staff had received the training and support needed to ensure people's needs could be met. Systems and processes supported smooth transitions into emergency care.

People told us they felt well treated and supported. Care was person-centred and promoted people's dignity, privacy and human rights. Staff had received training on supporting people with a learning disability, and autistic people. Staff understood how to protect people from poor care and abuse.

#### Right Culture:

The systems and processes in place to ensure and monitor the safety and quality of the service had improved.

Improvements made to the system in place for the oversight and monitoring of people's risk assessments and care plans meant that in the main all known risks to people had been assessed. These improvements need to be further embedded to ensure risk assessments were consistently in place and were sufficiently detailed.

Where the provider had identified issues with the quality of the service, they had implemented the changes required.

There was a positive and inclusive culture at management level, the management team worked well with partnership agencies. The provider had sought feedback from people to help with driving improvement and staff had opportunities to share ideas, which were listened to and acted upon.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 April 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 14 December 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safety of care provided, staffing and recruitment of staff and the managerial oversight of the safety and quality of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nurses Friend on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation about risk assessments for people who require support to mitigate the risk of pressure ulcers and falls.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective 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** ●

# Nurses Friend

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 May 2023 and ended on 02 June 2023. We visited the location's office on 30 May 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and the representatives and relatives of 2 people who used the service about their experience of the care provided.

We spoke with 7 members of staff including 2 care staff, 2 care co-ordinators, 2 administration staff and the registered manager.

We reviewed a range of records. This included 3 people's care records and 2 people's medicines records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance surveys and audits were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not consistently ensured that care and treatment was provided in a safe way, medicines were not safely managed, and systems and processes were not consistently in place to protect people from abuse. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to risk assessments and care plans, however some improvement continued to be required. Not all people at risk of pressure ulcers and falls had a risk assessment in place and staff did not consistently record the action they took to mitigate the risk of pressure ulcers. Information about people's risks of pressure ulcers and falls was available in people's care plans. People told us how staff supported people to mitigate these risks. The registered manager took action to remedy this inconsistency during the inspection.

We recommend the provider consider current guidance on risk assessments for people who require support to mitigate the risk of pressure ulcers and falls.

- Risk assessments and care plans were in place where restrictive intervention may be required to keep people safe, these would benefit from review to ensure they contained more detailed information where people may require intervention from staff during personal care. We discussed this with the registered manager who agreed to review these documents.
- Environmental risk assessments were in place and people had personalised risk assessments and care plans for many areas of their lives including eating and drinking, moving and handling and continence. The information in these documents was accurate and updated regularly.
- Improvements had been made to the management of medicines. Few people using the service required support with medicines, but where staff did provide support, medicines were safely managed.
- Medicine administration records (MAR) were completed and audited. The provider used an electronic medicines administration system which minimised the risk of medicines errors.
- Improvements had been made to the systems and processes in place to protect people from abuse. Staff knew people well and understood how to protect them from potential harm. There were policies covering adult safeguarding, which were accessible to all staff.
- Staff had received up to date safeguarding training and understood the procedures they needed to follow



if they were concerned about abuse. One member of staff told us, "I would report to my line manager and there is the local authority safeguarding team."

- People and their relatives told us people were cared for safely. One person said, "I feel absolutely safe with them [staff], they know what they're doing."

### Staffing and recruitment

At our last inspection the provider had not consistently ensured a robust system was in place to ensure only suitable candidates were employed. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Improvements had been made to staff recruitment.
- Few staff had been recruited since the last inspection, however the records available showed safe recruitment and selection processes had been followed.
- The provider had carried out a review of all recruitment information for current staff to ensure they had a record of their previous employment and health declarations had been completed.
- People's staffing needs were individually assessed and allocated. People and their relatives told us there were enough staff to meet people's needs, staff arrived when expected and stayed for the allocated time. One person said, "They're consistent, I get the same staff, they're always on time and have never not turned up."

### Preventing and controlling infection

- Measures were in place to prevent and control infection.
- Staff had completed training in infection prevention. People told us staff wore PPE and washed their hands regularly when they visited them in their homes.
- Staff explained how they followed infection prevention guidance to ensure people's care was provided safely.

### Learning lessons when things go wrong

- Systems and processes were in place to ensure lessons were learned when things went wrong.
- The registered manager looked at complaints, incidents and accidents and safeguarding to identify any trends or patterns. This information was shared with staff to ensure lessons were learnt and improvements embedded.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not consistently deployed suitably qualified, competent, skilled and experienced staff to make sure that they could meet people's care and treatment needs. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Improvements had been made to the induction, training, and supervision of staff.
- Staff were well supported by the registered manager and senior staff team and had received the induction and training they required to meet people's needs.
- Staff received an induction when they started work with the service, which included shadow shifts with experienced members of staff.
- Staff had received regular 1:1 supervision in line with the provider's policy and procedure.
- Appropriate training was provided in all areas of people's needs. For example, learning disability and autism and catheter care.
- Staff had received training in administering medicines and their competency had been checked to ensure they could give medicines safely and in line with good practice guidance.

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

- Senior staff met with people and their relative if required, to complete a comprehensive assessment of each person's physical and mental health to ensure staff would be able to meet people's needs. The outcomes of these assessments were shared with staff before they began providing people's support.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's spiritual and cultural needs.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People told us staff understood their requirements in relation to eating and drinking. One person told us "They [staff] always offer me a snack and a drink."
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Senior staff worked closely with relatives, and community health professionals to ensure people were supported with their various needs and people received joined-up care. For example, district nurses and GPs.

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

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were supported to make decisions about their care in line with the Mental Capacity Act 2005.
- The manager considered people's ability to make decisions as part of their initial assessment.
- They were aware of the need to complete a mental capacity assessment if it was unclear whether the person had capacity to consent to care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection systems and processes were not consistently in place or effective in maintaining oversight of the safety and quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The systems and processes in place to ensure and monitor the safety and quality of the service had improved.
- The system in place for the oversight and monitoring of people's risk assessments and care plans had been improved, in the main all known risks to people had been assessed. These improvements needed to be further embedded to ensure risk assessments were in place where people were at risk of pressure areas and falls and all risk assessments were sufficiently detailed.
- The provider was not always clear on regulatory requirements. They had not always ensured records relating to the legal entity of the provider were clear, or that they understood the appropriate use of a satellite office. [A satellite office is an office in which administrative activities may take place, but no regulated activity is managed from the office.] These concerns were discussed at the time of inspection and the provider understood they needed to take action to address these concerns.
- A schedule of audits had been introduced and all aspects of the service were regularly audited by the management team. This meant the provider was able to maintain effective oversight of the service and recognise when improvement was required. These audits needed to be sustained and embedded.
- Effective oversight of medicines was in place and medicines were regularly audited.
- Managerial oversight records such as training compliance and the staff supervision matrix were up to date. These records showed staff had received supervision, spot checks and competency checks in line with the provider's policy.
- The provider had improved their system for monitoring care visits out of hours. This now needed to be sustained and embedded.
- The provider had implemented a system for seeking feedback from people and staff. People and staff told us they had been asked for feedback on the quality of the service and the provider had acted on their feedback. One person's relative told us they had requested a small team of consistent staff and this

had been provided.

- Regular staff meetings were held, for staff to share their views and contribute to the running of the service. Minutes of these meetings were available and showed action was taken in response to staff feedback.

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

- The registered manager was knowledgeable about the skills of the staff team and needs and preferences of the people they were supporting. They were clear about their vision for the service and their role in achieving this.
- There was a positive culture within the service. Staff told us they were well supported by the manager and felt they all worked well together to provide people's care. One member of staff said, "[Registered manager] is always available on the phone. I feel very happy to work for this company, they give me all the training I need and support me very well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest when things went wrong, they informed families and external agencies as needed.
- The provider notified the Care Quality Commission (CQC) of events they were required to by law.

Working in partnership with others

- Contact with health professionals was made promptly to ensure people's care was effective and met their needs.
- The registered manager was open and receptive to feedback during our inspection.