

Netex Limited

INCA Nursing Agency and INCA Domiciliary Care Agency

Inspection report

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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

This inspection took place on 1 and 2 August 2016 and was announced.

The Independent Nursing and Care Agency (INCA) is a domiciliary care agency providing care and support to mostly older people who live in the community. At the time of our inspection there were 27 people using the service and receiving personal care.

The service had a registered manager. A registered manager is a person who has registered with the 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.

Staff training records and the registered manager indicated which training was considered mandatory by the provider. Not all staff had completed recent training refreshers to ensure people were not at risk being supported by staff who may not have up to date knowledge and skills. However, this training had been booked for later in the year. Staff received supervision meetings with their manager. They felt supported to do their job and could ask for help when needed.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

Staff numbers required to attend the visits were assessed according to people's needs, staff skills and experience. Some people commented that the timings of visits were not always on time as specified in the care plan. However, people and relatives were complimentary of staff's care and support.

People received their medicines when required and medicines administration systems were in place. People's health and wellbeing was monitored and appropriate action was taken when required. The provider carried out checks to ensure staff were of good character and suitable for their role.

People were treated with respect and their privacy and dignity was promoted. People said their care and the support workers were good and supported them in the way they wanted them to. Staff were responsive to the needs of the people they supported and enabled them to improve and maintain their independence with personal care tasks. Risks to people's personal safety were assessed and plans were in place to minimise those risks.

People received support that was individualised to their specific needs. Their needs were monitored and support plans were kept under review and amended as changes occurred. People's rights to make their own decisions, where possible, were protected. Staff were aware of their responsibilities to ensure people's right to make their own decisions was promoted.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. The service made improvements to ensure people received the best support. Staff felt they worked well together with the management which benefitted people and communication and support was good.

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. Staff could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. People felt safe and would report any concerns to the registered manager and staff.

Medicines management was in line with the provider's procedures.

The provider followed their recruitment process to employ suitable and appropriate staff.

Is the service effective?

Good ●

The service was effective. People benefitted from a staff team that had the knowledge and skills to support them. Refresher trainings were booked as necessary.

The provider communicated with relatives and other professionals to make sure people's health was monitored and any issues responded to. People were supported to eat or drink appropriately to maintain their health if it was part of the support plan.

Staff and management acted within the requirements of the Mental Capacity Act 2005. People were protected and supported appropriately when they needed help with making decisions.

Is the service caring?

Good ●

The staff were caring. People were treated with kindness and respect. People told us they were happy with the staff and support they provided.

People's privacy and dignity was respected. Staff responded well and in a caring way when visiting people. People were encouraged and supported to be as independent as possible.

People were encouraged to express their views about the support they received and any comments regarding the service.

Is the service responsive?

Good ●

The service was responsive. Staff supported people with their needs and wishes. Visits were carried out at the time specified in the care plan most of the time.

Staff were knowledgeable about people's daily needs and how to provide support. Support plans recorded people's likes, dislikes and preferences.

People knew how to make a complaint if they wanted to. They were able to share any concerns and were confident they would be listened to. There was an appropriate complaints system.

Is the service well-led?

The service was well-led. The service had systems to monitor the quality of the service and make improvements. The provider took actions to address any issues and reduce the negative effect on people's lives and the service.

Staff worked to ensure people were comfortable and happy. Staff felt supported by the management.

The service was interested and committed to listening to everyone's comments which would help improve the quality of the service.

Good 

INCA Nursing Agency and INCA Domiciliary Care Agency

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 1 and 2 August 2016. It was carried out by one inspector and was announced. We gave the registered manager prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. An expert by experience made telephone calls to interview people and staff. This is a person who has personal experience of using or caring for someone who uses this type of care service. We also carried out four home visits after our inspection.

Before the inspection the registered manager completed 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the provider had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with 11 people using the service and/or their relatives and asked for feedback from 13 staff. We also spoke with the registered manager and the operations manager. Additionally, we asked professionals for their feedback.

We looked at six people's health and care management records including support plans, risk assessments, daily records, and medication administration records. We also looked at the recruitment files of five support

staff, supervision and appraisal and staff training records. We saw a number of documents relating to the management of the service including quality audits, meeting minutes, complaints records and incident and accident reports.

Is the service safe?

Our findings

People felt safe in their homes and liked the staff who supported them. People could speak with staff if they were worried. Comments included, "Yes I do certainly feel safe. None of them would abuse or harm me, I do know that" and "I've had no problems with them and I certainly feel very safe with them." People and their relatives felt supported and well looked after by staff. They told us, "They are very friendly and I know they wouldn't do anything out of place" and "My [family member] would let me know if she didn't feel safe, they would not do anything to upset her." People and relatives agreed that if they had any problems they would go to the registered manager who would address the issues.

It is the legal responsibility of the provider to obtain information to ensure that people are not placed at risk of being cared for by unfit and inappropriate staff. Safe recruitment procedures ensured that people were supported by staff who were of good character, suitable for their role and had appropriate experience. We looked at recruitment files of staff employed recently. The provider checked staff's proof of identity, criminal records and health. We found some discrepancies with information regarding full employment histories and evidence of conduct in previous employments. These were noted to the provider and they were rectified immediately. They also told us they were reviewing and amending their recruitment process and checks to ensure all the necessary information according to Schedule 3 of Regulation 19 was gathered.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff could explain how they would recognise and report abuse. They were familiar with safeguarding policies and with the service's whistleblowing procedures and had a good understanding of their responsibilities for reporting accidents, incidents and/or concerns. Staff told us they would be comfortable approaching management with any concerns and were sure their managers would support them if they did. The registered manager encouraged staff to share any concerns or issues so that things were put right.

There were arrangements in place to keep people safe in an emergency. There was an on-call system available to staff if they needed help or advice. People who use the service also had a system called 'lifeline' installed. This was used to ensure extra support as they may feel vulnerable at home and to help staff attending the person in case of an emergency. This is a personal alarm system that provides a link to a dedicated control centre 24 hours a day, 7 days a week, 365 days a year. Staff knew how to follow contingency plans to keep people safe. People involved in accidents and incidents were supported to stay safe. The provider took action to prevent further injury or harm, for example, to involve a professional like occupational therapist to install equipment for easier transfers and mobilisation. Any incidents, accidents, near misses or missed calls would be recorded on the online system and action taken to address it where necessary.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments included information about people's needs and skills. As part of the care plan, the service carried out health and safety risk assessment to ensure the person, their family and staff were safe. Some risk assessments did not always have clear information how best to support the person. For example, we looked at nutrition and pressure area risk assessments. Each person had a risk score but it was not always

clear what action was taken to reduce any high risk areas. The registered manager said the care plans were being transferred to the new format so not all sections had been completed. However, they were able to explain actions they would take to minimise the risk for each person's risk we noted.

The provider arranged visits so the same staff would attend people, whenever possible, to maintain continuity of care and support. People appreciated the continuity and felt this had a positive effect on them or their relative. Some people and relatives said if staff were late usually due to traffic problems, they would be informed about it. There were two missed calls this year. The provider took appropriate action to address this. As a result of these missed calls improvement had been made on monitoring of the calls and information given to the person and/or relative of actions taken.

The service was using a system to schedule people's visits throughout the week. This showed different colours on a spread sheet that enabled senior staff to identify which visits needed staff cover. Staff had to call the system when they arrived and left to ensure the visit was logged on the system. If no one called the system, this would be alerted on the system so appropriate action could be taken to ensure people received their visit as soon as possible. People told us there were sufficient staff to meet their needs. The management and the team worked together to make sure all the people they supported were visited on time. Staff said there were enough staff to carry out their roles and they were able to care for people properly.

Peoples' medicines were managed and administered safely as part of the care plan by staff that adhered to medicine policies and procedures. Staff did not administer medicines to people unless they were trained to do so. We looked at recent medication administration record (MAR) sheets and we saw there were gaps. We looked at the folder where medicine error reports were kept. Only one report was there with information of actions taken. We noted this to the registered manager and they were able to explain the reasons for gaps. They said this would be addressed with staff again to ensure any gaps or errors were appropriately recorded and reported.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. We received complimentary comments from people and relatives about the support they valued most. Comments included, "Oh yes, I'm certain the [staff] have the correct training. They know exactly what they are doing and they give you complete confidence" and "Yes I reckon the staff are trained by the agency. They know how to look after me correctly".

We reviewed the latest training record for all staff. Not all staff had up to date training, for example, seven staff out of 13 did not have up to date training for safeguarding, basic life support, health and safety, dementia and moving and handling. Three professionals said the staff may have not always understood the effects of dementia so the training was really important. The training refreshers were booked later in the year. The registered manager explained they would observe and gather people and/or families' feedback to ensure staff supported them appropriately. The registered manager said they fell back a bit with training in 2015 but booked it for 2016 to ensure staff had the knowledge.

One staff of 13 was completing the Care Certificate, which is a set of 15 standards that health and social care workers need to complete during their induction period. The registered manager said they would start it with other staff immediately. The registered manager explained they worked with local college, occupational therapists, local authority and mental health team to provide necessary training to staff. When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them. This was confirmed by people and their relatives who said new staff would not just turn up. They said the registered manager would ensure new staff were comfortable with working on their own.

Staff had supervisions (one to one meeting) with their line manager. Although all staff could contact the office when they needed to, the registered manager agreed the supervisions were not carried out as regularly as they should have been according to provider's policy. However, the registered manager told us they always kept in touch with staff and worked closely together. They said they used to do group supervisions but now they were back to individual meetings. Staff told us supervisions were carried and enabled them to discuss any queries they had. Staff told us communication within the service was good.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. We noted to the registered manager where the person could not sign their support plan, for different reasons, the relatives should not be signing this for them unless it was clear the person asked for this. The registered manager agreed and noted this to ensure it was clear people were involved and supported with their plans.

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.

Staff were aware of their responsibilities concerning the Mental Capacity Act 2005 (MCA). Staff explained it was important to communicate with the person and ensure they always seek consent before doing anything. The registered manager understood mental capacity considerations and presumption of capacity to ensure people could make their own decisions. If someone became unable to make decisions for themselves regarding their wellbeing or safety, then they would support the person to make decisions in their best interest. Families and professionals would be involved as necessary. People and relatives told us they made their own decisions and were asked by staff for consent before doing anything.

The staff were aware of people's dietary needs, support and preferences, if it was part of their identified needs. The level of support each person needed to eat and drink was identified in their support plan. For example, if someone needed encouragement with drinking and having a balanced diet, there was guidance available for staff. The service sought professional help and supported people to maintain a healthy weight when needed. Staff were aware of how to monitor people's food and fluid intake if there were any concerns regarding their diet.

Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the registered manager reporting any changes or issues. If needed, health or social care professionals were involved. Each person had individual needs assessments that identified their health and care needs. The provider communicated with GPs, local authority, health professionals and families for guidance and support. The registered manager felt the staff were very good at monitoring people's health and wellbeing.

Is the service caring?

Our findings

People told us they enjoyed staff's company and the support provided as part of the visit. People and staff knew each other well and had well established good relationships. Staff made sure people were comfortable and relaxed in their homes and were able to share any concerns with staff if they needed to. People and relatives told us staff knew them well and provided good support. They said, "The staff from INCA agency are all exceptional", "The staff are absolutely brilliant! They are certainly very caring as a bunch" and "The staff are certainly very kind, caring and considerate".

People and relatives agreed that people's dignity was respected by staff at all times. They told us they were happy with the care they received. People felt they were treated with kindness and compassion. Comments included, "Staff do treat me with the utmost respect and also preserve my privacy and dignity" and "They are most respectful and they do look after [family member's] dignity." People's care was not rushed enabling staff to spend quality time with them. People and their relatives said the staff took their time to complete all the tasks and provide support that was needed. They said, "They do know how I like it done and they do ask me before they do anything, they don't just get on with it" and "They will let [family member] do what she likes according to her wishes but with safety in mind." Staff knew people's individual communication skills, abilities and preferences. People's records included information about their personal circumstances and how they wished to be supported.

People were encouraged to be as independent as possible and staff understood this was important. People felt they mattered and were supported to do things themselves as much as possible. They told us, "Staff let me try something myself and if I'm successful they write it down in the folder and congratulate me for trying in the first place" and "Staff certainly do encourage my independence. If I can do it, they let me". Staff were there to help if someone needed assistance.

People and relatives told us staff respected their privacy, dignity and choices. People were happy with the care they received. Comments included, "They are careful to ask the question to use [the equipment]", "Staff do what is necessary but they are polite" and "Staff have no problems showing me respect, they do but also respect my privacy." The staff ensured the privacy and dignity of people was upheld. They were positive and courteous about the people they supported and explained how they supported people in respectful way. During our visits we observed staff were kind, polite and respectful towards people they support. Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office.

Is the service responsive?

Our findings

People and their relatives were mostly positive about the timing of visits and said staff were usually on time. Two people out of 11 said it would be helpful if the times were more specific and not vary so much at times. However, they said once the staff were there, all the tasks were completed and they would stay the allocated time or even longer if needed. We discussed this with the registered manager. They told us they were already addressing this issue and had created a system to ensure staff arrived at the specified time. During visits people and relatives said staff would make sure they were comfortable and happy before they left. People and relatives could share their issues or concerns with staff or call the office.

People's needs had been assessed and care plans were in place. People and/or their relatives were involved in the care planning process. Care plans were personalised and detailed daily routines specific to each person. Relatives were encouraged to support people to plan their care if needed. The provider and staff were responsive to requests and suggestions regarding people's needs. Each person had a care plan reflecting their needs, preferences and any practical information on maintaining the person's health and wellbeing. It also included weekly plan and routine to follow at each visit. Staff used these plans to make sure the support they provided was personalised to each individual. People and relatives said staff knew them well and support was guided by them.

The provider sought feedback from people about the support and service provided. They asked and checked people during visits and encouraged them to contact the office if they wanted more support or to raise any concerns. People felt the registered manager and staff regularly checked they were alright and comfortable. People's needs were reviewed as required. Where necessary health and social care professionals were involved. The registered manager encouraged staff to write sufficient and accurate information every time they visited people to ensure they could monitor their wellbeing and identify any issues. Staff shared any information related to the service by text, telephone call or in person to the office. The registered manager sent out information called 'care notices' to inform staff about what was going on in the service and any actions to take.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been one complaint in the last 12 months and this had been investigated thoroughly. Most of the people we spoke with told us they had never had to complain. Those who raised some concerns in the past said they were addressed appropriately. People and/or their relatives knew how to complain and would go to the registered manager. They felt their concerns would be addressed appropriately. Staff knew how to respond to any complaints and issues, and report to the senior staff in a timely manner. We also looked at compliments the service had received from people, relatives and professionals. The registered manager shared positive feedback with staff and informed them that their work was appreciated.

Is the service well-led?

Our findings

People and relatives were complimentary about the care and support they were offered and felt their care during visits was managed well. The service's aim and objectives were to provide people with person centred support and care. After talking to people and relatives we could see people were respected, consulted and involved as per the aims and objectives of the service. They said, "Everything seems to be going quite well, I am happy and I do trust them" and "Yes [the registered manager] is doing a good job and she is leading [staff] in the right direction". The service promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive. Staff felt they were supported and listened to by the management when they made suggestions or shared ideas.

Quality assurance systems were in place to monitor the quality of service being delivered. These included audits of the files, staff spot checks, people's feedback and observations. People's experience of care was monitored through daily visits, care reviews, regular contact with people and their relatives and surveys. The provider was still gathering feedback from people and/or relatives from this year's survey. The survey carried out last year had identified a few negative comments. These had been addressed with people to ensure they were happy with the service and staff.

Additionally, the registered manager and senior staff contacted or visited people and relatives for feedback about the services provided and staff's conduct. People and/or their relatives told us the staff were always checking if everything was alright. They were happy with the service they received. People and relatives said the registered manager was regularly in contact checking if the staff were carrying out their job properly. If they were short staffed, the registered manager supported staff to visit people and people really appreciated that. It also gave the registered manager an insight into how people were supported and picked up any issues or concerns.

Three health and social care professionals told us the service worked well with them, cooperated with them to address any issues and shared relevant information when needed. They felt the registered manager was responsive, approachable and helpful. Some other professionals shared some of their concerns with us. However, the provider was also working together with local authority to address those issues. When we identified a few issues including visit times and some paperwork, the registered manager noted these comments and started making changes. People and their relatives felt the service was well-managed.

The registered manager was aware their current challenges were around training and they were addressing it. The registered manager also told us about improvements and achievements they had made. The service was using an online system to record and keep information about visits and timings to ensure these were not missed. The provider was updating the care plans to a new format which they felt was more person-centred, written in the first person and more engaging. They were thinking of remaking their survey that would include current standards providers need to meet so the service could identify any shortfalls and address it appropriately. The registered manager said they were planning to re-introduce 'coffee mornings' as a team meeting which were very effective previously. Staff understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided.

The provider encouraged open and transparent communication in the service. They continuously spoke to staff, asked if there was anything concerning them, and showed they were listening to staff and people. The management team worked with people, relatives, staff and other health and social care professionals to ensure best practice was always present in the service. The provider valued how staff worked well together. They said, "They are a lovely bunch, they can talk to me and I feel I can rely and trust them." People and relatives were very happy with the support and care they received, "They are doing a good job and are very good", "Staff are considerate, social and friendly" and "My [family member] and I are very happy with the way they are running the agency because they show interest".