

Ison Nursing Agency and Care Services Limited

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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

We inspected this service on 23 May 2017. At the time of this inspection the agency was providing a care service to 17 people in their own homes. Whilst the provider is registered for the agency to provide nursing care to people in their own homes, the registered manager told us this was not being provided to anyone at the time of our inspection.

At our last inspection in October 2016, we found two breaches of regulations. These related to the lack of an effective system for identifying and responding to complaints by service users and other persons, and the governance of the service.

After the last inspection in October 2016 we imposed a condition on the provider's registration requiring them to send us monthly audit reports about complaints, medicines audits and checks of the electronic work allocation system. The provider submitted these monthly. We undertook this comprehensive inspection to check on the progress made by the provider, and to consider whether restrictions placed on the service in August 2016 to prevent them from providing personal care to anyone new to the agency without our written permission could be removed.

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 and their relatives told us they were happy with the care provided by the service. People told us staff were caring and kind and were skilled to do the job. People's relatives said staff did not rush people, and treated them respectfully and kindly. The same staff were supplied to people wherever possible. This helped positive relationships to develop where staff knew people's needs and preferences, and people received familiar staff.

Staff were supported in their role through an induction, training and supervision. Staff told us office staff were available to offer advice if they had any concerns, and understood what to do if they were concerned about a person. However despite undertaking training, a number of staff were not able to tell us the different types of abuse, nor understood clearly how to 'whistleblow'. This is the action to take if a staff member is concerned that issues raised in an organisation are not being acted upon. The registered manager undertook to hold another workshop in the next month with staff to refresh their knowledge and understanding of these issues.

Staff recruitment records showed appropriate checks and references were taken up before staff started to work with vulnerable people.

Risk assessments were detailed and up to date and covered the risk areas identified in people's care plans.

They provided clear advice to staff in managing these risks.

At the last inspection there were occasions when electronic visit records placed the same staff member in two people's homes at the same time, which was not possible. At this inspection we found the electronic system had been updated and now prevented this happening. The provider used the system to check visits had taken place and tasks had been completed.

At this inspection we saw governance of the service had improved. The new electronic system was now being used by the provider to prompt for supervision, training and reviews. The registered manager ensured audits were taken of medicine administration records; checks of quality of the service were undertaken by office staff and we could see a recruitment audit had been undertaken in the last six months. The provider now had an effective system to deal with complaints. Many of these systems were newly established and would take some time to embed fully to become routine management tasks.

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. Checks took place prior to staff starting work.

Management of medicines was audited regularly and was safe.

Staff understood how to escalate concerns if there was abuse, but not all staff understood the different types of abuse nor how to whistleblow outside of the organisation. The registered manager undertook to address this.

Risk assessments were detailed and gave guidance to staff on how to manage and minimise risks occurring.

Is the service effective?

Good ●

The service was effective. Staff received a thorough induction, supervision and training to carry out their role.

Staff supported people safely with nutritional requirements and worked with other health professionals to meet people's health needs.

Staff understood the importance of consent prior to providing care to people.

Is the service caring?

Good ●

The service was caring. People told us staff were kind and caring.

People were supported to be involved in decisions about their care.

Staff understood people's preferences and dislikes.

Is the service responsive?

Good ●

The service was responsive. People's concerns were now dealt with promptly and appropriately.

Care plans were detailed, person centred and up to date.

Since January 2017 complaints were dealt with in a timely and appropriate manner.

Is the service well-led?

The service was well-led. There were significant improvements in the way the service was led with new quality assurance systems still being embedded.

People and their families told us the registered manager was available to them.

The effectiveness of the electronic system in monitoring care and rostering staff had improved since the last inspection.

Good ●

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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 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 23 May 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider. This included monthly audit reports that we required the provider to send us following our October 2016 inspection.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their roles was limited to phoning people to ask their views

During the inspection, we spoke with seven people using the service, four people's relatives, five care staff, two office staff, and the registered manager. We also contacted three health and social care professionals who commissioned the service.

During our visit to the office premises we looked at two care plans for people using the service. We also looked at the personnel files for three staff members and their supervision and training records. We checked an additional staff member's training record. We were shown how the electronic system worked and looked at quality assurance information including complaints, reviews, spots checks and survey results.

Is the service safe?

Our findings

People told us the service was safe. One person told us, "They look after me really well." Another said, "I feel safe enough." Relatives were also of the view the service was safe. One family member told us, "My relative is very safe with them. I have no concerns at all."

At our last inspection of the service in October 2016 people using the service were not always receiving safe care in relation to medicine administration. At this inspection in May 2017 we could see that the provider had been auditing medicine administration regularly and there were no concerns. A health and social care professional who worked with the service told us in their view, the provider had been very thorough in their auditing of the management of medicines in recent months.

The service had appropriate safeguarding procedures in place. Staff were able to tell us the importance of safeguarding, but not all staff were able to tell us the different types of abuse that can occur. Whilst we were confident they would identify physical abuse, we were not confident that all staff would necessarily identify other types of abuse. Not all staff were aware of the range of options available to whistle-blow if concerns were not addressed within an organisation. We discussed these issues with the registered manager who told us they would organise a refresher workshop on safeguarding within a month of the inspection, to improve staff understanding.

There were comprehensive risk assessments in place for each person. These covered a wide range of risks including falls, medicines, skin integrity, manual handling and mental capacity. For people with additional risks, bed rails risk assessments and eating and drinking risk assessments were in place. They provided staff with useful practical information. For example, one risk assessment noted a person may cough after the first mouthful of food and if this occurred, staff were reminded to use a glycerine swab as this prompted the person to start swallowing.

Additional information regarding the dates when moving and handling equipment was due to be serviced was now being kept by the service. This enabled the provider to ensure people were being mobilised using safely maintained equipment.

A relative told us, "I can't fault the carers. They really do look after her and they don't clock watch either. They spend plenty of time with her." Staff told us they had enough time to get from one visit to another and people told us staff were generally on time for visits. One person told us, "They are sometimes a bit late but when they are, they always phone to let me know." People had regular carers and appreciated this as they got to know their preferences. One person told us, "My only complaint is when they change the carers. You just get used to them and then they go and somebody else comes."

At the last inspection in October 2016 we were concerned that the new electronic system for setting staff rotas could schedule care staff to be in two homes at the same time which could result in a missed visit. At this inspection we saw the system software had been upgraded. This meant if office staff tried to rota staff who were already committed to another visit at the same time, an error message alerted office staff this was

not possible. We could tell from our discussion with people using the service missed visits were not an issue for them.

We could see safe staff recruitment procedures were in place before staff starting working in people's homes. Written references, proof of the right to work and a disclosure and barring (DBS) security check were on staff records. There was usually a record of phoning each referee as an additional check alongside the written reference. This meant staff were considered safe to work with vulnerable people.

Care records noted good infection control standards, for example, where to find differently-coloured flannels for washing different parts of the body, and where to place them after use. One person told us, "They are very careful about cleanliness as well. I tell them they'll wash me away, but it's all in fun." A family member told us, "They put creams on him and always wear gloves and aprons and they change the gloves for each different cream. They don't just keep using the same ones."

We looked at the accident and incident log. There had been no incidents in the last year. The registered manager was able to show us what she had done following an incident in the previous year and how she had shared learning from this with other staff members.

Is the service effective?

Our findings

We saw that staff were supported for their care roles in a number of ways. They undertook an induction which included shadowing experienced members of staff as well as undertaking training in key areas. Training included moving and handling, medicine management, infection control, food hygiene, and safeguarding. New staff also undertook some elements of the Care Certificate, a nationally recognised qualification to equip care staff with the skills to carry out their role, as part of their induction and medicine management competency assessments took place. We could see from records that refresher training was up to date for staff.

We could see from records that regular supervision and appraisals were taking place, and staff's work in people's homes was spot-checked to ensure care provided was of good quality, on a regular basis. Staff told us they felt supported and there was always management support available at the office.

People were positive about the care provided by care staff. They told us, "I think the carers are very good. They put my eye drops in for me. One of them is over the top to be honest. She even combs my hair before she leaves." Another person said, "They do their very best. I can't say more than that." A third person told us, "I can't fault the agency."

Family members also praised the care staff. We were told, "I think they are really well trained and know what they are doing." Another told us, "She has two carers and they do everything for her. They use a mobile hoist and they seem to know exactly what they are doing. Even our doctor has commented on how well they look after her."

Health and social care professionals told us they had no concerns regarding the care offered to people. A number of people using the service had complex health conditions and their needs were met by care staff in conjunction with other health professionals. Records showed routine communication between the office staff and other health professionals, and staff were able to tell us how they supported people to eat safely in line with information contained in the care plan. Records of people's fluid intake and output were maintained when needed. One family member told us, "She has to have everything mashed or put through the blender because she can't manage anything solid. The carers are really on the ball with that and it is a big help."

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. People's care files showed that the service was working in line with the principles of the MCA. Staff understood that even when it was noted in people's care records

they lacked capacity, people were still able to make limited choices and were able to refuse care if they did not want it. One person told us, "I get on really well with all of them. They don't try to make me do anything I don't feel like doing and they always ask if I want things. Like having a shower, that sort of thing. They don't take anything for granted."

Staff were also able to tell us how they understood non-verbal communication gestures as agreement or non-agreement when offering care. Where family members had Power of Attorney this was noted on care records.

Is the service caring?

Our findings

People were positive about the care received from care staff. We were told, "I trust them and they are kind." Other people told us, "Since this lady has been coming it's just been marvellous. She is like my best friend and a breath of fresh air.", "They are really kind people and work ever so hard." and "It's not nice having people do things for you, but the carers are so nice and put me at ease."

Family members also praised the carers in a number of ways. One relative told us, "It's not even just what they do for her. They make a big difference to me because I have my own health problems. If I have to go to the doctors or anything I know they will be looking after her." Other relatives noted how care staff knew the preferences of the people they cared for. We could see care records noted people's preferences.

Staff were able to tell us how they showed people dignity and respect by ensuring people were covered when being washed, by getting to know their routines and by asking what help a person wanted. Staff repeatedly referred to caring for people in the way they would like their parents to be cared for. One staff member told us it was important to be empathic to people she cared for. One person told us, "I was asked if I preferred to have ladies or men and I told them I don't mind as long as they can do the job." A family member told us, "I don't think he would bother himself but they do draw the curtains and keep him covered as much as possible."

Staff were aware of people's religious or cultural requirements and told us these were documented in the care plan, which we could see was the case.

People were involved in developing their care plan. One person told us, "I was involved in organising my care plan and I get a regular review. I wouldn't hesitate to let them know if I thought I needed anything else. I'm pretty confident they'd help if they could." Where people lacked capacity, other family members were involved in the care planning process. One family member told us, "They came to see us and went through everything we might want. My relative is really frail now and needs a lot of support and they provide everything we need."

Is the service responsive?

Our findings

At the last two inspections, in May 2016 and October 2016 we found complaints were not always handled and investigated effectively. Some complainants were not responded to, and investigation processes did not always address matters effectively.

We imposed a condition on the provider's registration requiring them to send us monthly audit reports, including for complaints, and the action taken to address any risks identified in those audits. The provider submitted these to us monthly. We could see from these that the complaints were being dealt with in a timely and appropriate manner. This was confirmed during this inspection visit when we reviewed the complaints folder. However we noted there was no documentation on the complaints file to provide an overview of the log of complaints which would enable the provider to see if there were any patterns to complaints received. The registered manager told us they would consider the most effective way to collate this information.

People told us they had received information about the complaints procedure or believed there was a copy of the complaints procedure in their care folder. People and their family members told us they knew what to do if they had any concerns or complaints about the service. They also told us they found the registered manager was responsive to any issues raised and this was confirmed by a health and social care professional.

Care plans were comprehensive and up to date. They outlined people's health conditions and their social situation. They covered a wide range of needs including eating and drinking; administration of medicines; support required to remain at home and end of life needs. Information was detailed, for example, one care plan noted "use a 50p size amount of cream and apply to pressure areas."

We could see people's care needs had been reviewed within the last six months or more often if there was a change in need. Care plans were person centred and noted people's preferences. There was a section titled 'What is important to me?' which was particularly important for people who could no longer communicate their needs verbally. Staff were able to tell us how they ensured the care provided was person centred. For example, one staff member knew that one person using the service really valued looking well-groomed and dressed in clothing of her choice, particularly if they were attending their place of worship. Also, the timing of care was in line with people's wishes and to meet the needs of family members where appropriate.

Is the service well-led?

Our findings

At our last inspection of the service in October 2016 we were concerned the governance of the service was not robust. The new electronic care records system and system for setting rotas had not been embedded effectively. This meant we found gaps in the recording of care provided, which may have indicated a missed visit. Also, there was potential for staff to be on the rota for two visits in different locations simultaneously which was clearly not possible and could result in a missed visit.

Since October 2016 there have been upgrades to the software system and there was no longer the facility to book staff into two different visits at different locations at the same time. We were shown on the inspection visit how this was now prevented by the system.

We also saw at this inspection there was now a member of the office staff whose role was to check the 'live system' to ensure care visits had been undertaken. We were shown where a member of the care staff had not logged in as 'attended' to a home visit; this was flagged up on the system. This may occur for a number of reasons. For example, the system may not work from a person's home where they may be a poor mobile phone signal, a worker may forget to log in, or they may have missed the visit.

From the audits taking place by the registered manager, we could see that where there were missed visits logged on the system, these had been investigated and had not been as a result of staff failing to attend.

The registered manager had also introduced more quality assurance processes since the inspection in October 2016. This was confirmed by a health and social care professional who had carried out a monitoring visit in recent months. For example, medicine audits undertaken now were comprehensive. We found supervisions, reviews of care and spot-checks were now logged on the system and prompts were set for the next planned event. These could only be removed from the system by the registered manager who checked they had taken place. In this way, the registered manager could show greater scrutiny of management tasks. We looked at a number of spot-checks and noted one member of care staff had twice not complied with best practice staff requirements for matters not directly related to care. We asked to see what action had been taken by the management team and could see the person had had a verbal warning as a result.

Other quality assurance audits included an audit of recruitment records in December 2016, and a care plan and risk assessment audit in December 2016. Care plans were audited and updated every six months. Training alerts were placed on the system and we could see that these were effective as refresher training was up to date.

Although there were significant improvements in the management of the service we could see that the registered manager was only recently utilising the electronic system to prompt management tasks. We could see that the quality assurance processes were now in place, but still needed time to be fully embedded as routine management tasks. We also noted complaints had been dealt with effectively and in a timely way since January 2017, but there was still no overview of the type of complaints being collated to aid understanding of issues raised. The registered manager undertook to review complaints on a regular basis.

We could see separate management and staff meetings now took place on a regular basis to ensure actions were progressed and staff were kept up to date with best practice and service requirements.

As a result of our concerns from past inspections, one of the conditions imposed on the provider was to not take on new people to the service. Health and social care professionals told us they had recently reviewed the care provided to existing people and were happy with the service offered.

People and their family members were positive about the management of the service. One person told us, "I think it is generally very good. If I've contacted the office – and it's usually something trivial – they sort it out for me." A family member said, "Communication is pretty good. The office staff are all very nice to me and I'm pretty sure that messages get passed on."

A survey carried out by the provider covering people living in two London boroughs in November 2016 showed generally positive results. The provider had identified from the survey an area of improvement in relation to the agency calling people if staff were running late. As a result of this they had introduced systems to overcome this by more effective rostering of staff and better communication by the office with people using the service. Lateness was not raised as an issue by people at this inspection.

A survey to elicit views of care staff who work at the service was undertaken in November 2016 and was found to be positive. Staff spoke well of working for the organisation at this inspection. They told us they could report concerns to senior staff at the office and that they were listened to.