

Nurtured Care (NE) Limited

Nurtured Care NE

Inspection report

Dunston Small Business Centre
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Tel: 01914326443

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Nurtured Care NE is a domiciliary care agency providing personal care to people in their own homes. They also support some people in support living care settings. At the time of our inspection there were 260 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Medicines were not always managed safely. Some people were receiving time sensitive medicines too close together. Medicines documents were not always completed correctly. Some risks to people such as moving and handling risks were not fully assessed and mitigations were not always put in place.

Robust quality assurance processes were not always in place. Some audits were in place but had not identified some of the issues we found during inspection. Opportunities to learn lessons and improve the service were not always taken, we have made a recommendation about this.

The provider employed sufficient staff who were trained appropriately. Some recruitment records were not in line with best practice, we have made a recommendation about this. Staff worked effectively with other healthcare professionals. Infection control measures were in place.

People were safe from the risk of abuse. Risks to people were assessed and regularly reviewed when people's needs changed. The building was well maintained, and health and safety risks were assessed.

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.

Staff said the management team were supportive. People and relatives thought the service was managed well most of the time.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 August 2020).

Why we inspected

The inspection was prompted in part due to concerns received about staffing, safeguarding and the management of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nurtured Care NE on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to medicines management, risk assessments and quality assurance processes.

We have made recommendations about staff recruitment records and incident recording.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Nurtured Care NE

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

The inspection team consisted of 2 inspectors and 2 Experts 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes and specialist housing.

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 notice of the inspection. This was because we needed to be sure that the appropriate staff would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from the local authorities that work with the

service. We reviewed the information we held about the service and used this information to plan our inspection.

During the inspection

We spoke with 10 people who received care and 12 relatives about their experience of the service. We spoke with 4 members of staff including the registered manager, quality assurance manager, and human resources manager. We were in contact with 16 members of care staff via email. We reviewed a range of records. This included 8 people's care records and 7 people's medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

The inspection commenced on 9 May 2023 and 14 June 2023.



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 good. At this inspection the rating has changed to 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.

Using medicines safely

- Medicines were not always managed safely. The management team had limited oversight of medicines. People were receiving medicines at incorrect times or more frequently than they should have been.
- Some people were routinely receiving doses of medicines too close together. This meant people were at risk of harm from a medicines overdose.
- Records for 'as and when required' medicines were lacking detail. This meant people were at risk of not receiving their 'when required' medicines appropriately.
- Suitable audits were not in place to ensure medicine issues were identified and dealt with. During the inspection the provider introduced a new audit.

We found no evidence that people had been harmed by this. However, the failure to ensure the proper and safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely. Risk assessments were usually in place however some did not identify all the associated risks. Mitigations were not in place for all risks, some mitigations were listed but these were not person centred.
- Two people required a hoist to move to and from bed. There was no risk assessment in place for this. This meant people were at risk of being moved incorrectly and being hurt.

Although we found no evidence that anyone had been harmed by this, the failure to ensure the risk are assessed and acted upon and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- There were enough employed staff to keep people safe. Staff had received training including in specialist areas such as catheter care.
- Most areas of recruitment were carried out safely. Some records did not include the dates of previous employment for staff. We could not be assured that references were obtained from the most recent employers. The provider's recruitment policy was not in line with best practice guidance in relation to work history. The provider took action to rectify this during the inspection.

We recommend the provider reviews employment processes to ensure they are in line with best practice

guidance.

- People were happy with the staffing arrangements. One person said, "I need two carers and they always come." Another person said, "Yes [I like the carers], they are like part of the family."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe from the risk of abuse. Potential safeguarding incidents were recorded, reported to the appropriate authorities and investigated.
- It was not always clear what action was taken following an incident to help ensure similar issues did not occur again.

We recommend the provider reviews their process for recording incidents.

Preventing and controlling infection

- People were safe from the risk of infection. Staff had received training in infection control. Staff wore personal protective equipment when needed. The management team carried out spot checks on staff.
- We asked if staff wear PPE, one person said, "Yes, they do." Another person said, "They wear the gloves, apron and mask."

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 good. At this inspection the rating has changed to 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; Continuous learning and improving care

- The management team were not always clear about their regulatory requirements. Quality assurance systems were not always robust. The service had not identified most of the issues we found despite some form of audit being in place.
- Although the service had continuous improvement plans in place, full exploration of lessons learnt had not always taken place.
- The people and relatives we spoke to were not aware who the manager of the service was although this was only a sample of people. However, feedback about the management team over all was positive.

The failure to have robust quality assurance processes in place is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Most people and staff felt there was a positive culture. People felt they were treated with dignity and respect.
- People felt that the care was person-centred. However, some documents were lacking person-centred information.
- One person said, I had to go for an appointment on Monday at 10:45 which meant I needed to be up and ready for the taxi. [The office staff] said no problem and we will work to get you out in time – which they did."
- The registered manager was aware of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team engaged with people and staff to gather their views. The field manager visited people and gathered feedback face to face. The registered manager said that surveys had not been successful as there were not enough responses received.
- There was mixed feedback about how people and relatives were engaged when their care was planned. One relative said, "Yes and no, everything is written [electronically] we don't see what's on the plan." A person commented, "I get help and that is what I want."

- People said they received responses when they needed to complain about things. One relative said, "When I had to complaint they do call back, it's mainly been [quality manager] who I get a response off, he has been very good."
- People's equality characteristics were included in some care plans but not all. There was limited person-centred information in care plans.

Working in partnership with others

- Staff worked effectively with other healthcare professionals. People were referred to specialist services such as the falls team or behaviour team in a timely manner.
- Healthcare professionals commented that the service was accessible out of hours, and that they had a good relationship with staff. One healthcare professional said, "Staff in the office are open and take on board what you are saying."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1)(2)(a)(b)(g) The provider failed to ensure medicine were managed safely, records were accurate, and managed in line with best practice guidance. The provider had failed to ensure risks were assessed and appropriate mitigations put in place.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)(2)(a)(b)(c) The provider failed to have appropriate and effective quality assurance systems in place to ensure the safe and effective running of the service.</p>