

NurtureCare 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

This announced inspection was carried out on 6 June 2016. NurtureCare Limited provides personal and ongoing healthcare to babies, children and young adults with complex health needs in Nottinghamshire, Leicestershire and Lincolnshire. On the day of the inspection there were 17 people using the service. At the time of our inspection NurtureCare Limited was making some changes to their registration. These included a change to their regulated activities and the location address.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who understood the risks they could face and knew how to keep them safe. People were supported by staff who had been carefully introduced to contribute to their care. People were supported to take their medicines when they needed these.

People were provided with the care and treatment they needed by staff who were trained and supported to do so effectively. People's care and treatment was provided once consent had been obtained in line with the relevant legislation.

People were cared for by staff who understood their health conditions and ensured they had sufficient nourishment.

People were treated with respect by staff who demonstrated compassion and understanding. People were provided with their care and treatment in the way requested by those acting on their behalf. People's relatives were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People used a service which was flexible in accordance with their needs. The management team provided leadership that gained the respect of staff and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe because staff understood their individual responsibilities to act in a way that ensured their safety.

People received their planned care and treatment from staff who were allocated to work directly with them.

People received the support they required to take their medicines as needed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their needs.

Consent to people's care and treatment was obtained in line with the relevant legislation.

People were supported to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in meeting these.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who learnt and understood their ways of communicating and expressing themselves.

People who were unable to express their views were represented by relatives acting on their behalf.

Staff conducted themselves in a way that respected the values and routines within the person's home.

Is the service responsive?

Good ●

The service was responsive.

How people would receive their care at home was planned as part of their discharge from hospital. People's care was kept under review and updated when there was a change of circumstances.

People who used the service or their representative were provided with information on how to make a complaint. Complaints which had been made were investigated and responded to.

Is the service well-led?

Good ●

The service was well led.

People used a service that was flexible in order to respond to their needs. People's experiences in using the service were obtained and reviewed to identify and make improvements to the quality of the service they received.

People used a service where staff were provided with leadership that motivated them with encouragement and support to carry out their duties to the best of their ability.

NurtureCare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 June 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we were unable to speak with any of the people who used the service but we did speak with seven relatives. We also spoke with four care workers, the clinical educator and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

Relatives told us they felt their relations were safe when they used the service. A relative said, "I feel [name] has safe care. I won't leave the house if I haven't got confidence in them (staff)." Another relative said, "I can leave [name] with them (staff), they are safe with them." Relatives also talked about how staff kept their relations safe when they used the service. This included providing continual observation, gaining their relation's trust and understanding their needs. One relative told us staff kept their relation safe by providing continual observation because their relation, "Can never be left alone." A second relative said, "The new ones (staff) have to get to know about [name] before they can be safe with them." A third relative explained why it was important their relation knew the staff so that, "If they have to see to [name]'s personal care they don't get scared and knows who they are."

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. Staff said they received training on both safeguarding adults and children and followed these procedures when working. The registered manager told us they felt that staff had the required level of knowledge about safeguarding and said they provided them with an information leaflet during their induction. The registered manager told us that there had not been any occasion when they had needed to notify any of the local authorities they provided care within of a safeguarding concern. They said that they had spoken to one local authority for clarification over one incident that they thought might have led to a safeguarding concern.

Staff told us they were continually ensuring people's safety through their observations, checks and carrying out medical procedures. They said they documented everything they did and observations they made in written records and on body maps. Staff said some people would on occasions have marks and minor injuries, such as bruises, caused by involuntary movements or mobility issues, and they looked for way to reduce or prevent these from occurring. They told us any concerns about people's safety were discussed with the registered manager. One staff member described how they had to understand people's expressions and gestures when they were unable to express any discomfort verbally. This meant that staff were able to recognise and respond to people's needs appropriately to ensure their safety and wellbeing.

People received their care and support in a way that had been assessed for them to receive this safely and staff knew how to use any equipment safely. A relative said, "There are always two people (staff) at a time, one person (staff) cannot deal with them." Another relative said, "They use the equipment properly, we have everything [name] needs to be cared for safely."

Staff told us to ensure they provided safe care they had to be 100% confident in how to use each piece of equipment for each person who used it. They told us this meant having had person specific training, often involving the person's relative(s), who were usually the person's main carer. Staff said they had to be observed and assessed to be competent on at least three occasions before carrying out any procedure unsupervised. Staff also said they could request additional training and supervised support if they felt they needed this. One staff member told us they had asked for additional time when they were learning to support a person with some complex needs and they had not felt confident. Staff said it could take several

months to be assessed as competent in order to ensure the person who used the service had developed trust and confidence in the staff member.

The registered manager told us they encouraged people to have the independence they were able to whilst maintaining their safety. They said they risk assessed activities people took part in to determine the safest way for these to be undertaken. The registered manager gave an example that one person was able to have a limited amount of independent mobility when they were being assisted with an activity.

Staff ensured all the equipment they used was in good order to provide safe care. A relative told us staff, "Check everything in the morning." Staff told us they completed a checklist at the start of each shift and we saw copies of these in people's care files. Relatives confirmed that the environment had been assessed prior to any care being provided to ensure this could be done so safely. A relative said, "An appropriately qualified person checked the equipment, looked at the fire exits and made sure we had a fire extinguisher, they approached providing [name]'s care in a professional way." Staff confirmed the environments they would be providing care in were assessed to ensure they could do so safely. We saw completed environmental assessments within people's files.

Each person who used the service had the number of staff they required to provide them with the support they needed. Relatives described how their relation was allocated staff to provide their care and support. One relative told us, "[Name] has the same people, they can't have different carers." Staff were matched to work with the person and there was an introductory period where it was established if this was a suitable match. The registered manager told us some relatives were involved in recruiting new staff to support their relations.

In the event of any unexpected absence from work other staff who were part of the person's care team would cover if possible. Alternatively a nurse who was known to the family or in some cases the registered manager would cover. A relative said in the event of one of their care team not being available for work it was, "Very rare we don't get a shift covered. [Registered manager] will offer to cover if needed." Some relatives said they were able to manage without a replacement. A relative told us, "If someone is not well I won't let them in they have to be 1000% well to look after [name]. Sometimes they offer to send someone else, but I say no."

Staff told us there were sufficient staff employed to provide the care that was planned. They said it became complicated when there was an unexpected absence as there had to be cover provided by someone with the right experience who was already known to the family. However staff said there was normally a solution found. The registered manager also said they had the staff needed to deliver the care they were contracted to, although covering short notice absences from work could be a challenge and there were some eventualities where they were not able to provide cover. They described the strategies they followed to manage this challenge. This included an on line rota system so each family could see the cover that was planned for them. Additionally the registered manager said they had recently introduced a backup rota which had care workers and nurses on standby in case they were needed. They also had a rolling recruitment programme to employ more staff, although this was not an immediate solution. This was because new staff had to go through the induction and person specific training before they could be involved in supporting a person who used the service.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with

people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out. The registered manager told us although nurses were provided through an agency they still went through their recruitment process. We saw there were details held of nurses' registrations.

Part of the initial assessment of people's needs included identifying what support each person required to take their medicines. A relative told us, "They give [name] injections, they do it correctly. A nurse has been out to show them how to do it." Other relatives said staff provided people with medicines during the night and assessed if any pain relief was needed.

Staff told us that only senior staff were able to administer medicines. The details of what medicines a person required and how these should be administered were part of the person's discharge plan from hospital. Staff who administered medicines said they received training on how to administer these in the way most suited to the person. Staff added that they had to be assessed to be competent on at least two occasions for each person they were going to administer any medicines to. We saw details of medicines people took were included in their support plans, with information about possible side effects and any special instructions, including the route for these to be administered.

The registered manager said when a staff member had found one medicine had not been managed correctly, by not recording the date it was opened, they had reported this as an incident of concern. The registered manager said this had enabled them to provide the member of staff who had made the error with additional support and training to ensure they followed the correct procedures in future.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their individual needs. Relatives told us they initially had a nurse providing care to their relation who also trained care workers to provide this in the future. A relative told us, "With NurtureCare you have a qualified nurse while they train the carers for you." Another relative said, "We have three carers. They were trained up by a nurse at home. I was happy that happened." A third relative told us, "They (staff) are very competent and have the right knowledge and skill level as well as the right personality."

A recently appointed member of staff told us that when they started their job they met with the designated training officer (known as the clinical educator.) They described how the clinical educator ensured they had the basic training and knowledge before meeting with a person who used the service and their relatives. The staff member explained how they were provided with specific training about meeting that person's needs. They said training was provided with the person and they had to be assessed as competent in each area before they could become an active member of the person's care team.

Staff told us they had an annual training programme to ensure they were up to date with the training they needed. The registered manager told us they arranged for any staff that requested any refresher training to have this, or if it was felt a particular staff member would benefit from some additional training this was arranged for them. The clinical educator told us each staff member had an individual training plan. The registered manager showed us documentation which demonstrated their intention of enrolling staff on the care certificate. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. The clinical educator said nurses who worked through an agency had to provide copies of their training certificates to show when their training has been updated.

Staff told us they had opportunities to discuss their work individually with a senior staff member who was assigned to be their supervisor. The clinical educator told us these sessions occurred more frequently for newer staff, and that all staff had an annual appraisal.

People who used the service required a relative or other named person who had the legal authority to consent to their care and support. This was usually as part of their planned discharge from hospital, prior to using the service. A relative told us, "I signed something to agree [name] being cared for at home." The registered manager said they obtained consent from people's relatives over a number of issues. These included parental permission to administer medicines and to use the family vehicle in the course of their duties.

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. We saw mental capacity assessments had been completed when required for some people who

used the service with regard the use of certain equipment.

People were provided with the support they required to ensure they had enough to eat and drink to maintain their health and wellbeing. Relatives told us of differing methods their relations were supported with when eating their meals. This included using differing tube feeding systems as well as orally. One relative told us, "[Name] feeds by PEG (percutaneous endoscopic gastrostomy) whoever is on will help me with managing the PEG." Another relative told us staff will, "Help [name] to eat, they get them up and give them their breakfast."

Staff told us they provided people who used the service with whatever support they needed to aid their nutritional intake. This varied from preparing meals, making up liquid feeds and using and cleaning feeding systems. A staff member said part of their role was to meet the person's nutritional needs. They told us they liaised with other healthcare professionals to do so, including dietitians, speech and language therapy (SALT who provide advice on swallowing and choking issues) occupational therapists and GPs. The registered manager told us they completed nutritional and fluid intake forms to help monitor that people were having their planned nutritional and fluid input.

People received care from staff who understood their healthcare needs and knew how to support them with these. Relatives told us staff supported their relations with certain healthcare procedures they needed to assist with their breathing and swallowing. A relative told us, "They help do suction, [name] is very difficult to look after. If you don't know how to suction (properly) it can block their airways." Another relative said staff had to give their relation oxygen on a regular basis. Staff told us they sometimes accompanied people who used the service to healthcare appointments.

People's healthcare needs were planned as part of their discharge from hospital and these were embedded into their daily care routines by the nurses who implemented these care packages. Staff told us they liked to have as much information as possible about people's healthcare needs as this assisted them to understand their needs and provide them with the most appropriate care. The registered manager said staff were prepared on how to respond in the event of a health related emergency. This included having annual resuscitation training and taking part in role play training on how to respond to certain scenarios. In addition where needed people had a plan stating what needed to be done in the event of an emergency.

Is the service caring?

Our findings

Relatives spoke positively about the staff saying they built up their trust and made relationships with the people who used the service. This led to people accepting staff providing them with their care and support, which was often during the night. Comments made included, "[Name] relies on them. They understand and smile when they try to make them happy", "[Name] has got used to it and can sleep at night" and "When [name] wakes up (in the night) they will watch TV and read stories with them if they can't sleep" A relative also told us that when their relation had been admitted to hospital someone from the agency had called every day to see if there was anything they could do to help.

Staff described themselves as being passionate about their work and how they supported people. They felt valued by relatives, who provided the majority of care to their relations, when they enabled them to have a break and rest. They spoke of the pleasure it gave them when they made people smile and display other signs of enjoyment and pleasure. One staff member told us, "We try to give them the best time they can have whilst giving the parents a break." Staff told us how they learnt each person's way of expressing themselves and understanding what their different responses meant.

The registered manager told us how staff initially worked alongside nurses to gain an insight into each person and learn about how they responded in different situations. We saw there was information in people's support plans to inform staff about the person, who was in their family and any known likes and dislikes.

Relatives told us they felt involved in deciding how their relation's care was to be provided. One relative told us, "I went through the plan, I was quite specific how [name] is dressed and washed. I drew up a draft plan." Another relative said, "The manager came and talked with us, it was a long visit and we went through everything. They took information off us." A third relative said, "They work how we want, if we need them to do anything we ask."

The registered manager described how they included people who used the service in their assessment and any reviews of their care. This could involve them being present whilst their care was discussed although they were not able to contribute verbally. Staff told us they involved people who used the service as much as they were able to be. This involved them saying or indicating whether they wanted or did not want to do something.

Relatives described how staff respected them and their different family routines. This included how staff would conduct themselves when in their homes. Relatives who had staff present overnight spoke of staff being considerate and quiet so they were able to sleep. One relative told us, "We've shown them where things are so they can make themselves a drink. They are always tidy and quiet."

Staff said discussions about the family routines were included in the initial planning meetings. A staff member said it helped them to be able to carry out their duties effectively if they felt at ease in the home. They said they liked to know the family rules such as where they would prefer them to have something to

eat. The registered manager said they respected each family's values, such as not preparing meat in a vegetarian household. Staff told us they carried out their duties in a way to give the person who used the service as much privacy and dignity as possible, whilst ensuring they carried out the required monitoring and observations.

Is the service responsive?

Our findings

People's care needs were determined by healthcare professionals in preparation for their discharge from hospital. Relatives were involved in planning how people's needs would then be met within their home environment. One relative said, "They have written a plan and went through it with me. The care package was done from the hospital." Another relative told us the support plan had been, "Written by them and agreed by me."

People's care was kept under review and updated when there was a change of circumstances. A relative told us, "I remember reviewing the care plan and making changes." Another relative said, "I was asked if I am happy (with the support plan) and if I want to change anything." Staff told us the support plans provided the detail they needed to meet people's needs and were kept up to date. They told us people's needs changed on a regular basis and they needed to be informed of these changes. The registered manager said staff were required to sign care plans to show they had read these and knew about any changes. They said staff were sent a text message or email when a care plan had been updated that they needed to read.

People who used the service were provided with the care they needed and with the support to take part in activities they enjoyed when this could be provided. A relative told us, "(Staff) do what they can do for and with them. They try to find out what they want and provide it." Another relative said, "We take each day as it comes, when [name] is well enough to go to school they go."

Staff told us that as well as attending to people's health and personal care needs they accompanied some people out into the community. This involved supporting them to attend a playgroup, school or going for a walk. The registered manager said they would provide people with support wherever this needed to be provided. They said they had accompanied people on holiday and continued to provide support to someone who was having a period of respite care.

People received their care and support at the time it was planned for. A relative told us the staff who visited their relation, "Come on time and go on time." Staff said when they had more than one visit to carry out during a day they had sufficient time to travel from one visit to the next. The registered manager said there was a system followed to confirm when staff had arrived at and completed a visit so they knew these had taken place as planned.

Relatives told us they were kept informed about what had taken place during the time their relation had been supported by staff. A relative said staff, "Give good feedback, they tell us how many times [name] needed suctioning and what their observations were like." Relatives also said staff documented the care and support they provided during the time they supported their relation.

Relatives were given opportunities to raise any concerns and told how they could make a complaint. A relative told us, "I feel able to talk about anything that isn't right." Another relative said, "I say if I am not happy with anything." Staff said that families were given a handbook which included a copy of the complaints procedure. One relative told us about an occasion when they made a complaint. They told us

this had been investigated by the registered manager who had met with them and taken appropriate action. They said the registered manager had apologised and asked if they had been happy with the outcome. We saw this complaint was one of two complaints that had been recorded in the complaints record at the office since April 2016.

Staff told us when one relative had complained about being disturbed when they made a drink during the night they had taken in flasks of drink so as not to disturb the relative. Another staff member said they had made a complaint on behalf of a person who used the service about another service they had accompanied them to attend.

Is the service well-led?

Our findings

Relatives felt the service was well run and addressed issues when needed. They told us they found the service was flexible and responsive to their requests, particularly with changing times of planned visits. One relative told us, "They are normally flexible and move things around." Another relative said, "If I ask if they can put so and so (staff member) on for a particular day they will do so."

Some relatives said they had experienced some problems with communication but felt this was now improving. One relative said, "There is no problem with the care, the only thing is communication. I think they had a meeting about it." Another relative said they had experienced some difficulties with communication but thought this, "Had improved." The registered manager said they were aware there had been some problems with communication which they were addressing and making improvements.

The information officer demonstrated the electronic communication system they used to provide relatives and staff with their planned rota. The registered manager said this was one of the ways they were trying to improve communication as this meant relatives could see which staff would be visiting them well in advance.

Staff told us they felt valued and recognised by management for their work contributions. They said there was a culture of openness and they were encouraged to speak up if they had made a mistake or something had gone wrong. One staff member said, "We have to say (if anything is not right) in this job." Staff also said they were able to say how they felt. This included if they did not feel confident providing any type of care or if they felt tired as this could pose a risk to people's safety.

Staff told us they used various systems to keep each other up to date and there were occasional team meetings. The registered manager told us it was difficult to arrange meetings as they still had to provide the service. They said they ensured all staff were sent a copy of the minutes of team meetings that took place. Staff said they had access to support and advice at any time by either calling the office during office hours or the duty manager via the on call phone at other times.

Relatives were confident in the way the service was managed and had confidence in the registered manager. One relative told us the registered manager was, "Always on the level, she is a really good boss. She is a nice lady and makes sure everybody has everything they need." Another relative said the registered manager, "Has been helpful and been there when I have needed her."

Staff described the registered manager as providing good leadership and someone that listened to them. One staff member said, "A very good boss who sets a good example." Another staff member said the registered manager was, "Honest and straight forward." They added, "She is very fair and will say if anything needs to be improved."

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when

they should notify us of certain events that may occur within the service. We had not received any recent notifications from the service and the registered manager said there had not been any recent event they needed to notify us of.

The registered manager described different ways they had sought people's views on the services they provided. These had included making telephone calls to relatives and sending out survey forms. A relative told us, "I have completed surveys over the phone and I was sent one out in the post." Another relative said, "They called and asked me how the (care) package was going. I told them it was going okay." The registered manager showed us the results of the surveys which showed people had felt there was a problem with communication with the office staff, which they had addressed.

The registered manager told us records completed in people's homes, including daily records and MAR sheets, were brought into the office on a regular basis. They were checked to ensure these had been correctly completed and were reviewed for any information that needed to be acted upon.

The registered manager showed us some local business awards that had been made to the agency following nominations made by relatives of people who used the service. These included Nottinghamshire business award 2014 and Nottinghamshire business woman of the year 2015.