

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 well-led?

Good ●

Summary of findings

Overall summary

NurtureCare Ltd is a Domiciliary Care Agency providing personal and nursing care to young children and young adults with complex health needs up to 29 years across Nottinghamshire, Leicestershire, Derbyshire and Lincolnshire. There were 24 children/young people receiving care at the time of the inspection.

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.

Not all packages of care had full staffing levels, however the service tried to cover shortfalls in staffing or gave parents notice if they were required to help provide care.

Staff were knowledgeable about the risk of abuse and how to report this however there were concerns that not all incidents were always reported.

Staff were given training for the role, they shadowed other staff and had competencies signed off for each child/young person they were caring for.

Risks to safety had been assessed and measures were in place to reduce risk.

Medicines were administered and recorded safely.

Systems were in place to ensure people were protected against the spread of infection, however staff were not always following these procedures. Action had been taken by the management team to address this.

Staff were recruited safely.

There were systems in place to learn lessons if things went wrong and to improve safety within the service.

There were quality monitoring systems and processes in place to monitor and improve the service. Feedback from staff and families was collected and used to improve the service.

Families told us the service responded quickly to complaints.

Staff received supervision, and the service had various methods of communicating with staff in order to keep staff updated and informed

Most staff told us support from management and nurses was good.

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 the service under the previous premises was Good published 11/2/2018.

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to an investigation. As a result, this inspection did not examine the circumstances of the incident.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Is the service well-led?

Good ●

The service was well led.

NurtureCare Ltd

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 Care Act 2014.

Inspection team

The inspection team comprised of two inspectors. In order to minimise time spent on the location, an Assistant Inspector performed phone calls to staff members and an Expert by Experience performed phone calls to families of service users.

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 children and young people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and safeguarding teams who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, managing director, training manager, nurses, and care workers.

We reviewed a range of records. This included four care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staffing rotas and quality assurance records.

Is the service safe?

Our findings

Systems and processes to safeguard people from the risk of abuse

- There were systems and process in place to safeguard people from abuse. The registered manager acknowledged there had been confusion around reporting to safeguarding and CQC in the past. They confirmed that this was now clearer.
- Staff received safeguarding training for children and adults, and staff we spoke to knew how to identify and report abuse to the management team or externally to safeguarding teams.
- Some staff told us that parents may ask them not to report things. However, the registered manager was already aware of this and told us they regularly reinforced the message that staff must report any concerns.
- Some staff we spoke with did not have a clear understanding of whistleblowing procedures, we informed the registered manager who agreed to reinforce staff training in whistleblowing.

Staffing and recruitment

- The registered manager told us that Covid-19 had affected their staffing levels. They had taken appropriate action to manage this, and were recruiting staff to cover gaps.
- The registered manager told us, each care package took time to recruit and train staff to the specific and complex needs of the child. The service had a bank of staff to cover shifts if gaps occurred. If these could not be covered, they prioritised the needs of children and young people, to identify those with the highest needs, and adjusted staffing according to this. This meant that sometimes staff were moved, families told us they did not like their staff being moved. If suitable staff were not available, families would be asked to help with care.
- One parent told us, they had to cover shifts at times. "I can't have a break if I need to provide care". Another parent told us, "Sickness is not always covered if it is short notice". Staff confirmed that if there were gaps in cover, parents had to help.
- We spoke to commissioners who confirmed that families would sometimes be asked to help if suitable qualified and trained staff were not available.
- The service had registered nurses who were responsible for leading and coordinating packages of care and on-call duties supporting carers.
- Nurses were supported to revalidate their registration with the Nursing and Midwifery Council. Their training needs were assessed on an annual basis, and training was updated when required.
- Staff were recruited safely. Family members that were employed as carers were also recruited following the same robust process as staff.
- After recruitment, staff received comprehensive training for each individual child they were looking after, this involved theoretical and practical training, workbooks and competency assessments. Registered nurses supported carers with training and supervision.
- We received mixed views from staff on training, most felt the training was very good, One felt it was too basic and would like more in-depth training in some areas such as epilepsy.

Assessing risk, safety monitoring and management

- Systems were in place to assess, monitor and minimise identifiable risks around the child/young person's

complex needs.

- Staff assessed the environmental safety of people's homes each shift to ensure it was safe for them and the child/young person.
- Records showed staff completed a checklist of equipment and procedures at the beginning and end of each shift to ensure equipment was working and they could respond safely in an emergency situation.
- Staff told us they reported any safety concerns to the manager or lead nurse.

Using medicines safely

- Medicines were administered safely. Staff administering medicines had received training and had their competency assessed by a registered nurse. Staff told us they thought the training was good.
- We saw a record of medicines errors or near misses. These were reported and followed up, with staff being offered support and further training.

Preventing and controlling infection

- Staff received training on preventing and controlling infection. The provider supplied staff with PPE (personal protective equipment) and special mask for aerosol generating procedures.
- However, some parents raised concerns with us that staff did not always wear their masks. We raised this with the registered manager who told us they were aware of this. They had already taken-action, by performing spot checks on staff, taking disciplinary action if staff were not following policies and procedures.
- All children/young people and staff were risk assessed to identify and reduce risks due to Covid-19.

Learning lessons when things go wrong

- Systems and process were in place to learn lessons and improve practice.
- The provider logged and investigated any incidents or accidents or near misses that occurred. Action plans were put in place to improve practice and this was shared with staff at supervision sessions.
- For example, we saw that the service had implemented a double-checking system for medicines to minimise future errors following 'near-miss' medicines events.

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 the last inspection this key question was rated as Good, at this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager told us they were committed to providing good quality care and to supporting children and their families with very complex needs.
- Most families were very positive about the care they received, however some felt the relationship with the management team was not as positive.
- A number of staff we spoke to told us they felt closely supported by the trainer or nursing staff who lead the packages.
- Staff told us communication from the management team was via phone app or a website to keep them updated.
- Most families told us that they had a good relationship with the management team and any concerns or complaints were dealt with quickly. One parent told us, "Recent contact with the office during lockdown has been very good." However, one parent told us they, "Didn't find the management team very approachable".

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

- Staff told us they always reported incidents to the family and to the management team, which were then investigated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service performed quality monitoring of the service. There were regular audits of medicines, accidents, incidents and daily records. Results were analysed with actions identified and outcomes monitored, to improve and change the service.
- Staff performance was monitored by spot checks and supervision. Staff told us, clinical issues and lessons learnt were communicated during these checks.
- Some staff reported excellent support, others felt less supported due to changes during the Covid-19 pandemic, with the introduction of phone call checks and teleconference meetings rather than visits in person.
- The registered manager told us they were aware of what they needed to notify CQC about, such as allegations of abuse.

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

characteristics

- Families were provided with opportunities to give feedback about the service through surveys, during spot checks and training sessions, actions were taken to improve the service.
- Staff told us they were frequently asked for their feedback through weekly satisfaction surveys.
- Some relatives told us they had been involved in recruiting staff for the care of their child/young person.
- Staff were matched to families and were introduced to families during their training to ensure they were suited.
- Families were also involved in the training of staff, the registered manager told us, this gave them time to decide if they were happy with the staff working in their homes.

Continuous learning and improving care; Working in partnership with others

- The service had developed a training academy and had a dedicated staff trainer.
- The service had a detailed training program with regular supervision, yearly updates and ongoing specialist training depending on the needs of the child/young person.
- The service had a weekly clinical meeting to discuss shift cover; training needs; complaints; incidents; audits and any updates.
- The service worked closely with families and other agencies to improve care.