

Nurseline Community Services Ltd

Nurseline Community Services Ltd

Inspection report

Ash House, 5 Fountain Court
New Leaze, Bradley Stoke
Bristol
BS32 4LA

Tel: 01174030943
Website: www.nurselinecs.uk

Date of inspection visit:
15 July 2021

Date of publication:
02 September 2021

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

Nurseline Bristol supply registered mental health nurses and support workers to care homes, community hospitals and independent providers of inpatient mental health care. The service was currently supporting four people who were receiving a service regulated by CQC. The service was registered to provide personal care and/or treatment of disease disorder and injury.

Not everyone who used the service received personal care or treatment of disease disorder and injury. CQC only inspects where people receive personal care and/or treatment of disease disorder and injury. Where they do, we also consider any wider social care provided.

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

The service was innovative and always looking to ensure continuous quality improvement to make a real difference for people. The values of the Chief Executive Officer (CEO) were fully embraced by the team and came across very clearly in how the service was run. These values included ensuring personalised care for people, and a significant investment in the wellbeing of the staff who supported them.

The management team had a clear understanding of the importance of having effective quality assurance systems.

People were well supported to receive effective care from a regular team of staff who they knew well. Relatives were positive about the staff that supported them. All feedback we received was positive and there was a common theme that they would recommend the service to others. Outcomes for people were planned with them and their quality of life had measurably improved with the support of the service.

People were supported by enough staff to meet their needs safely. People were supported by staff, who understood their needs. Staff received regular training and support to ensure people were kept safe against the risks of abuse and avoidable harm. Risks associated with people's care were identified, assessed and effectively reduced wherever possible.

Relatives told us the help and support they were getting for their family member was invaluable and meant they could enjoy life in their own home knowing their relative was safe and very well cared for. They told us staff went over and beyond with supporting them to live independently and the way they wanted.

Quality checking systems were in place that were effective and aimed at improving the service and outcomes for people even further. The provider issued regular newsletters and guidance for staff, people who used the service and families. Information covered topics such as how to stay safe and keeping good health and wellbeing.

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

Rating at last inspection

This service was registered with us on 4 December 2019 , and this was the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

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.

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

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 effective?

Good ●

The service was effective

Is the service caring?

Good ●

The service was caring

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Good ●

The service was well led

Nurseline Community Services Ltd

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an assistant 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.

Service and service type:

This service is a nursing agency. It provides personal care and treatment of disease disorder and injury to younger adults in their own homes or community settings. The service was supporting four young people at the time of our inspection.

A new manager has been appointed and will apply to register and the current registered manager has been promoted within the service but still has oversight of the service. Both the manager and 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 short notice of the inspection visit because staff might be out of the office supporting staff or providing care. We needed to be sure they would be available.

What we did:

Before our inspection, we reviewed all the information we held about this service. This included notifications the provider is required by law to send us about events that happen within the service.

We used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During our inspection

Some people who used the service were not able to tell us directly their views of the service, so we spoke by telephone, with two relatives of people receiving a service and eight staff.

We met two senior managers, one of who was until recently the registered manager. We also met the new acting manager, and a new member of staff who had been recruited to work proactively with the families of people who use the service.

We also received email feedback from one healthcare professional.

Records we looked at included two care plans, four staff files and a range of documents relating to medicines, accidents, incidents and complaints, satisfaction surveys completed by people who used the service and their relatives and quality assurance reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives spoke highly of how staff kept their family member safe. One family member told us, "Staff are really good, they make sure he is covered up and make sure he is watching safe videos and when outdoors they protect him and makes sure he is happy."
- Staff we spoke with told us they thought people were safe. They told us that they knew how to identify abuse and alert the right people. Staff said there was regular training about abuse and how to keep people safe. One staff member said, "We do a lot of mandatory training, also we have team meetings we attend where we talk about safeguarding issues we encounter in the community and we talk about risk assessments."
- Staff also told us they would be confident to report any concerns and that they would be dealt with appropriately. One staff member said, "I'll have to follow the right channel to report any abuse to the manager and if it involves the manager, I go straight to the police to report the abuse. I would whistle blow if it can't be shared with the team". Another staff member commented, "I would immediately inform my line manager of any abuse and would inform the community team at Nurseline."
- Records we looked at confirmed staff had received training in safeguarding of vulnerable adults.

Assessing risk, safety monitoring and management

- The service used an in-depth safety management system to help recognise and reduce risks associated with people's care when they first start using the service.
- A form was completed at the initial point of assessment. This form enabled the service, before commencing the support package, to quickly identify specific needs and risks. Wherever possible this was always done with the person and family members. There was detailed information about how to keep people safe with their physical needs and their complex mental health needs.

Staffing and recruitment

- There were enough staff employed by the service to make sure that people always received their one-to-one support.
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work for the service.

Using medicines safely

- Where needed people were supported with their medicines safely.
- Staff had completed training in the safe handling of medicines and their competencies had been checked regularly.

- There were detailed records showing safe management of people's medicines including the application of prescribed creams. Records showed whether medicines were given by the staff or whether people were prompted to take them.

Learning lessons when things go wrong

- Staff recorded any accidents and incidents and reported them to the manager and the provider.
- Analysis and discussion with staff and people's relatives aimed to ensure where possible, the accident/incident would not reoccur.

Preventing and controlling infection

- Staff told us the office team and managers had been very supportive during the pandemic. One staff member told us, "The office are always in touch checking we have enough PPE, (Personal Protective Equipment) sometimes they come and visit and drop as much PPE and hand gel off as they can". Another staff member said, "We have the self-screening we do on a weekly basis and they provide us with masks, aprons and gloves. We've had training and we have hand sanitiser wherever we go. They always say if you are not feeling well you are not to work and they will cover your shift. They keep us up to date on guidelines."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people's needs so that care and support was effective and meaningful. The service supported younger adults with mental health needs.
- Staff and relatives told us, and we read examples of how care delivery had impacted on people. One person had been supported in such a positive way they had avoided direct contact with the criminal justice system as a result. Another person was supported with music therapy to feel calmer in mood and not feel extreme distress of emotions. As a result, they now took part in day to day activities they previously were not able to do.
- A relative told us about another example of support provided to achieve positive outcomes for their family member. They said, "Staff took him out to a restaurant and although he has not been there before and despite high anxiety they got him out and he was happy and relaxed during this time. This has not happened for over a year".
- One relative gave feedback about how the service had gone 'the extra mile' to meet their family member's needs. They told us, "Everyone has gone above and beyond in their own way. I could not have come through this incredibly difficult time without Nurseline. This care has given me the respite that was so desperately needed. I am forever grateful for the kind and dignified way my relative has been treated throughout the whole process. Especially when I know how complex they can be. I would not hesitate to use Nurseline again."

Staff support: induction, training, skills and experience

- The providers philosophy was to invest and encourage training for staff to fulfil their roles and for their own personal, professional development. One of the office staff was about to start a Level 5 in leadership and management and had enrolled with a view to future managers role.
- One staff member said "Nurseline is very good in their training, they will remind you every time it expires, we are always up to date, even if you miss one or two they will remind you and won't give you shifts if your training has expired."

Other staff comments included, "The training is good and we have very good supervisions, especially now that I'm working in the community, they're brilliant. I can just call them in the middle of the night and they will answer."

Further staff feedback included, "They do have a lot of training I do the mandatory training with Nurseline. They have loads of training and if I feel I need extra training I can request it."

- Some staff had been registered to start a Level 5 Assistant Practitioner course at a local college. The service was aiming to start placements with the City of Bristol College. This aimed to include apprenticeships and Level 5 up to Level 7 qualifications. Office staff had a Level 3 in Health and Social Care.

- A new staff development scheme again with a local college, for competent health care assistants was being put in place to develop and build on their skills and clinical abilities.
- Staff felt well supported by the management team. One staff member said, "We do have one to one supervision with the management team, they're very good, we have peer to peer supervisions sometimes too if we're working with challenging clients. We do them regularly, the management team we have are very good and on a weekly basis they try to check if we need to talk about anything. The whole team will meet online each week to discuss a client and what needs to be changed". Other staff comments included "I do have supervisions at least once a month and if not, they give me call and ask how things are going, they're very supportive. I never thought I'd like working with an agency, but they look after me well. They conduct spot checks and they won't tell you when" and "Yes I do get one to one meetings regularly they are very helpful. So far, I haven't had any spot checks, but I've heard other colleagues talking about it".
- A senior manager had introduced the concept of staff having a 'boasting book' this meant supporting staff to celebrate and be proud of their achievements and successes.
- One to one meeting records showed how senior managers met with all staff regularly and reviewed their progress and clinical development in a supportive and constructive way.

Staff working with other agencies to provide consistent, effective, timely care

- Feedback from a health professional showed staff's care and support was extremely effective. They were very positive about the team and their ability to carry out tasks to maintain people's health. They also said information provided to health professionals was very informative.
- One staff member told us, "There's a patient who had a lot of appointments they needed to attend and we take them wherever they want to go, to make sure they're not missing appointments and make sure they're on time."
- Staff worked closely with other services, such as the local authority, GPs and community nurses to ensure that they provided people with effective support that met their needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people by liaising with other healthcare professionals to help them maintain their health. These included the GP, community nursing team, dietician, a chiropodist, dentist and optician and specialists relevant to people's specific health needs.

Ensuring consent to care and treatment in line with law and guidance

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how the MCA applied to their work and made every possible effort to understand the choices each person made about their life.
- Relatives told us staff respected their family members wishes and choices. They felt empowered by staff to live their life the way they wanted.
- Where appropriate family members were consulted in taking best interest decisions for people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Evidence and examples shared with us showed that people were well treated and were supported in a respectful way. One relative told us, "They totally respect him and his unique ways, they know when they need to leave him be". Another said that staff were "very respectful."
- One person had recently had to self-isolate due to the pandemic. The service had sent them gifts and suitable activities such as puzzles, as a gift to support them during their isolation time.
- A health care professional told us, "I am especially impressed by the compassion of the staff and how the senior management team care for the staff. "
- There was a strong, person-centred culture throughout the service. Each member of staff put the person they were supporting at the heart of everything they did. One relative told us how impressed they were by the way staff were totally engaged in supporting their family member.

Supporting people to express their views and be involved in making decisions about their care

- Records showed people had been included in planning and agreeing to the support and care they received.
- Staff we spoke with were knowledgeable about the people they supported and about what was important to them in their lives.
- The goals and outcomes for each person and their families was clearly recorded.

Respecting and promoting people's privacy, dignity and independence

- Care records were written in a positive way and included detailed information about the activities people could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence.
- Staff we spoke with confirmed they were aware of their role in ensuring they supported people as much as possible to decide things for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about how to best support their communication and understanding needs. Important information, such as information booklets about the service was available in different formats when required to make it easier for people.
- Staff were able to support people when needed to use computer equipment, such as tablets, to stay in touch with others.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were clear, detailed and written in a way that focused on outcomes for the person.
- People's needs were regularly reviewed, and the service worked in close partnership with people and relatives before any changes were made. When people required more or less support this was explained to individuals and their families. This would include for example where a person had improved and would be able to live in a setting independently.
- One staff member told us, "We have regular online meetings to touch base about what is happening with clients, we have access to online policies that we have to read on a weekly basis to make sure were up to date."

Improving care quality in response to complaints or concerns

- People and relatives said they had no concerns or complaints. They told us they found the managers very approachable. People were confident if they had any issues these would be actioned.
- There were no complaints received at the service, however people and relatives sent thank you notes of appreciation for the support they had received.

End of life care and support

- The service was currently not supporting anyone on their end of life journey. However, care plans would be developed to include detailed wishes and preferences in relation to receiving care at the end of their life if needed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Continuous learning and improving care

- The service was well run. The provider was committed in creating a culture which put people at the heart of the service. There was clear dedication by the whole team in helping people to gain an enhanced quality of life.
- Staff felt engaged with and well supported by managers. One staff member said, "They listen, and we have a chat group, depending which community you are in, we communicate with each other and the manager as well. You can text them or phone them and they will answer or contact you if information needs to be shared". A further comment from another staff member was, "I do like working for them, they are well led, we have good managers that listen and understand the staff and their needs. They also take time to see the patients and get to know and understand them. This really helps when you need to discuss anything".
- One healthcare professional told us, "I have been impressed with the leadership. The care packages are well-coordinated, and I can speak easily with managers. Relationships in the organisation seem to be good and there is evidence that staff are supported to debrief when incidents do happen. As I recall there has only been one concern raised by a parent early on in a care package about one staff member and this was addressed swiftly. There is a determined effort to keep the same staff and this is of huge benefit for our young people and their families."
- The culture of the service was led by a respected CEO. Staff told us how they were person centred to staff and clients and caring. The CEO had discreetly supported staff at difficult times in their life with financial support and when needed they had funded counselling for staff.
- The provider also gave the manager a credit card to be used for specific, positive expenditure for people who used the service. Recently pizzas had been delivered to a person who used the service and was self-isolating due to the pandemic.

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

- Everyone we spoke with said the service was well managed and the manager led by example with a well-trained, caring and effective staff team.
- Staff were valued by the provider and the management team. There were a range of incentives for staff. For example, staff could be nominated for their positive work practices and win an 'Employee of the Month Award'. The winner received a monetary reward.
- Staff were given four days extra leave to take as wellbeing days. The provider also discreetly offered financial assistance to staff when it was needed as part of a support scheme.

- Staff also had access to a kindergarten at significantly reduced rates and a gym.
- The strategic plan of vision, values and behaviours had been embedded under the leadership of the service. There was a variety of evidence to show the service had made a significant difference to the lives of people who received the service. For example, plans included a behaviour contract to uphold Equality, Diversion and Inclusion. This was also to show the service proactively have a zero tolerance to racism or any form of abuse. Also, as part of the strategic plan a new staff member had been recruited specifically to offer extra support to families of people who used the service. The new staff member had professional experience in working with and supporting families at times in life that were challenging.
- There were a range of quality monitoring systems in place. These included surveys, telephone calls, care service reviews spot checks, staff shadowing, staff supervision to monitor the quality of the service and customer feedback. Feedback was overwhelmingly positive. Once Covid restrictions were lifted senior managers were planning to travel a significant way out of their location to meet people who used their service. This to engage with them and find out their views of the services in a highly personalised way.

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

- The provider was committed to providing care that was individualised. The managers were involved in the care and were kept well informed by their staff, as they understood the individual needs of the people being supported. There was a strong motivated management team that had clear roles and responsibilities.
- The management team were enthusiastic and proactive. They all said they wanted to provide an atmosphere to work in that was positive, productive, enthusiastic and welcoming.
- A business plan had been developed, which highlighted how the service was going to move forward and how continuous improvements were to be maintained. The plan was completely centred around the people who used the service and meeting their needs in a personalised way.
- Unannounced observations and competency checks on staff working in people's homes were completed. This helped to ensure the service being delivered was of a safe and proper standard.

Working in partnership with others

- The managers told us and records showed how the service ensured they had effective working relationships with outside agencies. These included the local authorities involved in people's care, community nursing teams, GP practices, as well as CQC.