

# Nursefinders Limited

# Nursefinders

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Nursefinders is a staffing agency which also offers a domiciliary care service to support to people living in their own homes. The service's policy is to provide longer care visits with a minimum visit time of six hours. Not everyone who used the service received personal care. CQC only regulates 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.

When this inspection was announced the service was providing support to two people, one of whom received person care. However, when we inspected Nursefinders on 13 January 2020 the service was not being commissioned to providing any packages of support which included personal care. The service had received an enquiry to provide over-night support including personal care for another person and was on the day of our inspection in the process of developing a staff rota to meet this request. As Nursefinders was not providing regulated activity on the day of our inspection we are not able to provide a rating for the service.

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

There were systems in place to ensure people were protected from all forms of abuse and discrimination. Staff had received safeguarding training and had access to guidance on how to report any concerns to the local authority.

Risks in relation to people's care need and their home environment had been appropriately assessed and staff had received training on how to meet people's support needs if they became upset or anxious.

The service's recruitment practices were not entirely robust as necessary pre-employment checks had not been consistently completed. We have made a recommendation in relation to this issue.

The service only recruited staff with previous experience in the care sector. All staff received regular training updates to ensure they had the skills necessary to meet people's support needs. Regular supervision was provided and there was an on-call system to enable staff to access guidance and support when the office was closed.

The service had systems in place to ensure people were supported to have maximum choice and control of their lives and that care was provided in the least restrictive way possible.

The service policies and procedures were designed to ensure people privacy and dignity was respected. All personal information was stored securely when not in use.

Care plans had been developed from information gathered during the assessment process and these documents included clear guidance for staff on how to meet people support needs.

The service had systems in place to gather feedback from people and staff and where complaints were received these had been investigated.

The roles and responsibilities of the registered manager and office-based staff were clearly defined and well understood. There were appropriate quality assurance system in place to monitor the service's performance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

This service was last inspected prior to our current methodology for rating services. (Published 13 April 2013)

Why we inspected

This was a planned inspection of the service.

Follow up

We will continue to monitor information we receive about the service and the amount of regulated activities it provides. We will 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?**

We were unable to rate this key question due to insufficient evidence at this time.

**Inspected but not rated**

### **Is the service effective?**

We were unable to rate this key question due to insufficient evidence at this time.

**Inspected but not rated**

### **Is the service caring?**

We were unable to rate this key question due to insufficient evidence at this time.

**Inspected but not rated**

### **Is the service responsive?**

We were unable to rate this key question due to insufficient evidence at this time.

**Inspected but not rated**

### **Is the service well-led?**

We were unable to rate this key question due to insufficient evidence at this time.

**Inspected but not rated**

# Nursefinders

## 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 service systems, policies and procedures but were unable to provide a rating for the service under the Care Act 2014 as it was not providing regulated activities on the day of our inspection.

#### Inspection team

The inspection was carried out by one adult social care inspector.

#### Service and service type

This service is staffing agency that occasionally provides domiciliary care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was to establish if the service was operational and providing regulated activity and to ensure the registered manager would be in the office to support the inspection. At the time the inspection was announced the service was providing personal care to one person.

#### What we did before the inspection

Before the inspection we reviewed information we held about the service including any notifications we had received. A notification is information about important events which the service is required to send us by law. We had not requested a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all the information we held about this service to plan our inspection.

During the inspection

During the inspection we reviewed the service's policy documents, three staff recruitment records and the care plan of a person who had recently been receiving personal care from the service.

After the inspection

We reviewed a number of documents we had requested from the registered manager during the inspection.

# Is the service safe?

## Our findings

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

The service has not been previously rated under our current inspection methodology. At this inspection it was again not possible to rate this key question as the service was not providing regulated activity on the day of our inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff completed regular safeguarding training and had been provided with written information on local procedures of the reporting of abuse.
- The service's safeguarding policy included accurate contact information for the local authority but was missing information on the current definitions of abuse.
- There was also a Diversity and Equality policy in place. The registered manager demonstrated and encouraged staff to take a non-judgemental attitude when discussing people's lifestyles and choices.

Assessing risk, safety monitoring and management

- There were risk assessment systems available and the service's managers visited people at home to identify specific risks in relation to both the environment and the person's support needs before care was provided.
- Where risks were identified in relation to people's behaviour when they became upset or anxious staff had been provided with individualised training in the use Positive Behaviour Support techniques. This included guidance on the use of distraction and breakaway techniques to ensure the safety of both people and their support staff.

Staffing and recruitment

- At the time of the inspection the service employed a number of staff who were routinely tasked to complete agency shifts in various care settings throughout Cornwall. When the service was commissioned to provide support these staff were included in care rotas.
- The services recruitment practices were not entirely robust. Prospective staff members employment history had been investigated as part of the recruitment process and references from previous employers requested. However, necessary disclosure and barring service checks were not always completed before staff had been permitted to provide support independently. Instead the service had been accepting recently completed checks from other employers.

We recommend the service seeks guidance from suitably knowledgeable experts on current best practice in care sector recruitment.

- The service's staff disciplinary processes were robust and appropriate referrals had been made to the disclosure and barring service where necessary.

#### Using medicines safely

- There were suitable arrangements and procedures in available to ensure people were safely supported with their medicines.
- Staff had received regular training in how to safely support people with their medicines and their competency in relation to these issues had been regularly monitored. Medicine Administration Records were available for use when required.

#### Preventing and controlling infection

- Staff were able to access personal protective equipment to help manage cross contamination risks when required.

#### Learning lessons when things go wrong

- The service had systems in place to ensure any accidents and incidents that occurred were recorded.



# 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.

The service has not been previously rated under our current inspection methodology. At this inspection it was again not possible to rate this key question as the service was not providing regulated activity on the day of our inspection.

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

- The service had systems in place to assess people's needs before their initial care visit. These assessments ensured the service would be able to meet the person's specific needs and expectations.
- Initial care plans had been developed by combining information gathered during the assessment process, with details from relatives and care commissioners.

Staff support: induction, training, skills and experience

- Nursefinders is a recruitment agency for staff in the care sector and as such does not employ staff without previous paid experience in care. All staff received induction training before being permitted to provide support independently.
- The service had systems in place to ensure staff skills were maintained and regular training updates were provided on topics including, safeguarding adults, moving and handling, basic life support and risk assessment.
- Staff development was actively encouraged, and all staff were supported to complete additional diploma level qualifications.
- All staff received regular supervision from the registered manager and the service operated an on-call system to enable staff to access additional support and guidance when required.

Supporting people to eat and drink enough to maintain a balanced diet

- The service was able to support people with meal preparation if required.

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live healthier lives, access healthcare services and support

- Records showed the registered manager had worked collaboratively with external healthcare professionals where appropriate to ensure people's needs were met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager understood the requirements of this legislation and all staff had received training in the Mental Capacity Act.

# 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.

The service has not been previously rated under our current inspection methodology. At this inspection it was again not possible to rate this key question as the service was not providing regulated activity on the day of our inspection.

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

- Staff were provided with detailed guidance on how to support people's individual needs and there were appropriate processes in place to gather people feedback on the quality of support staff provided.
- All staff had received equality and diversity training and there were processes in place to ensure people's privacy and dignity was respected.

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

- Care plans included information for staff on how to support people to make decisions and choices in relation their care provision.

Respecting and promoting people's privacy, dignity and independence

- The service had appropriate systems and procedures in place to ensure people privacy and dignity was respected.
- The care plan we reviewed included information on how to support people to maintain and develop independent living skills.

# Is the service responsive?

## Our findings

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

The service has not been previously rated under our current inspection methodology. At this inspection it was again not possible to rate this key question as the service was not providing regulated activity on the day of our inspection.

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

- The service had systems in place to ensure all care plans developed were individualised and designed to ensure the person's needs and expectation were met.
- We reviewed the care plan of a person who had recently received personal care from the service. This document was detailed and informative. It provided staff with information about the person's background, likes and interest as well as guidance on how to meet their support needs.
- Care plans were developed by staff and based on information gathered during assessments prior to the initial care visits. All initial care plans were reviewed by the registered manager to ensure they were sufficiently person centred.
- Care staff completed daily records of the support they provided. These records were regularly returned to the service's office and reviewed to ensure any incidents or change in people's support needs had been reported.

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.

- Details of people's communication needs, and preferences were identified as part of the assessment process. The care plan included information for staff on how to share information and communicate effectively with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was able to support people to access the local community, to participate in a cultural events and to enable people to engage with their hobbies and interests.

Improving care quality in response to complaints or concerns

- There were systems in place to manage and investigate any complaints. A complaints policy outlined the time periods within which complaints would be addressed and responded to. The policy was included with information given to people when they first started using the service.
- Where complaints had been received they had been investigated appropriately. However, informal complaints had not always been fully documented and recorded.

## End of life care and support

- The service was able to support people with end of life care needs and there were systems in place to enable people's preferences and choices in relation to end of life care to be recorded.

# 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.

The service has not been previously rated under our current inspection methodology. At this inspection it was again not possible to rate this key question as the service was not providing regulated activity on the day of our inspection.

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

- The registered manager was supernumerary and based in the service's office full time. She was supported by two additional office-based staff who were responsible for allocating shifts to staff, identifying prospective new packages of care, drafting care plans and reviewing daily care records. The roles and responsibilities of office-based staff were well defined and understood by staff.
- There were plans in place to develop and expand regulated care within the business. The registered manager was in the process of applying to join the local authorities commissioning framework and intended to recruit an additional group of staff specifically to provide personal care. The service policy was only to provide visits of over six hours length and was aiming in future to support up to four people each day.
- Records were stored securely to help ensure people's confidential information was kept private.

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

- The service had systems in place to gather feedback and information from people who used the service and staff. There was a staff suggestions scheme in place with financial rewards for suggestions which impacted positively on the service's performance.
- There were systems in place to ensure people who used the service and staff were protected from all forms of discrimination. The service offered highly flexible working hours to staff and their preferences in relation to working hours and availability were respected.

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

- The service was person centred and records showed, focused on supporting people to live fulfilling lives, develop new skills and become as independent as possible.

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 registered manager had a good understanding of the duty of candour and had recognised, accepted and apologised to people where mistakes had been made.
- Registered manager and office staff acted promptly on the feedback provided and supplied all information requested.

#### Continuous learning and improving care

- The registered manager regularly attended a variety of local and national workshops and peer support meetings to ensure they remained up to date with current best practice within the care sector.
- There were appropriate quality assurance and auditing system in place designed to drive improvements in the quality of ongoing support the service provided.

#### Working in partnership with others

- The service worked collaboratively with health professionals and commissioners to ensure people support needs were met. Records showed timely and appropriate referrals had been made when significant changes in people's needs were identified.