

Interserve Healthcare Limited

Strand Nurses Bureau

Inspection report

Brettenham House
1 Lancaster Place
London
WC2E 7RN

Tel: 02078366396
Website: www.advantagehealthcare.com

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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

We conducted an announced inspection of Strand Nurses Bureau on 23 May 2017. We gave the provider 48 hours' notice to ensure the key people we needed to speak with were available. At our last comprehensive inspection on 27, 28 and 31 July 2015 we found the provider was meeting the regulations.

Strand Nurses Bureau is a domiciliary care service which provides nursing care and personal care services to people living in their own homes. There were 25 adults and eight children using the service when we visited.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risk assessments and care plans contained detailed information for care staff. All records were reviewed within six months or sooner if people's needs changed.

Care staff assisted people to take their medicines safely. Care workers and nurses told us they had completed medicines administration training and understood how to safely administer medicines.

Safeguarding adults and children from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults and children training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated a good level of knowledge about their responsibilities under the Mental Capacity Act 2005. People signed their care records to indicate that they consented to their care and mental capacity assessments were conducted prior to providing care.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way. Care records contained detailed information about people's needs and preferences.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme which included shadowing for new staff, which prepared them for their role.

Care workers were provided with appropriate training to help them carry out their duties. Care workers received regular supervision and appraisals of their performance. There were enough staff employed to meet people's needs and visits were appropriately arranged to ensure people's needs were met.

Care workers supported people to maintain a balanced nutritious diet and care records documented this. People were supported effectively with their health needs, when needed and were supported to access a

range of healthcare professionals.

People, their relatives and staff gave positive feedback about the registered manager and told us they provided feedback about the service. They knew how to make complaints and told us they felt listened to. There was a complaints policy and procedure in place.

The organisation had effective systems in place to monitor the quality of the service. The registered manager reviewed various areas of the service on a regular basis and further, regular auditing was conducted by nurse assessors within the organisation. Information was reported to the CQC as required.

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.

Medicines were administered safely and records were kept of this.

Risks to people who use the service were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Good ●

The service was effective.

The service was meeting the requirements of the Mental Capacity Act (MCA) 2005. Care workers demonstrated a good level of knowledge of their responsibilities under the Act.

Staff received an induction, training and regular supervisions and appraisals of their performance.

People were supported to maintain a healthy diet.

People were supported to maintain good health and were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People and their relatives made positive comments about the care provided by staff.

Relatives told us that care workers spoke with their family

members regularly and got to know them well. They said people's privacy and dignity was respected and care workers gave us practical examples of how they did this.

Care records included detailed information about matters that were important to people and how care staff could support people to maintain these.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they began using the service and care was planned in response to these. Care records contained detailed instructions about people's preferences in relation to how they wanted their care to be delivered.

Care records were updated when people's needs changed and care staff confirmed that they reported any changes to senior staff.

Care staff encouraged people to maintain their independence. Care records contained information about people's social interests and hobbies and how care staff should support people to maintain these.

People and their relatives told us they knew who to complain to and felt they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives told us senior staff were approachable.

Quality assurance systems were thorough and information was reported to the Care Quality Commission as required.

Strand Nurses Bureau

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.

The inspection took place on 23 May 2017 and was conducted by one inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection because the location provides a domiciliary care service; we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service. We contacted a member of the local authority to obtain their views about the service.

We spoke with one relative of a person using the service and three people using the service. During our visit we spoke with the registered manager, another senior member of staff and also spoke with eight care workers and two nurses after our visit over the telephone. We also looked at a sample of four people's care records, 15 staff records and records related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. People's comments included "I feel safe when the staff are around" and "they're definitely trustworthy."

The provider had conducted their own assessments prior to providing care. Risk assessments were completed in relation to all known areas of risk involving people's care. Initial assessments covered people's health care needs, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing. For example, in one person's behavioural risk assessment there were clear instructions for the care worker which stated what they were expected to do to support the person safely. In another person's risk assessment in relation to their personal care we again saw very detailed instructions for care staff in how they were to manage the person's continence needs in line with their wishes. The information from risk assessments was then used to produce a comprehensive care plan around their identified needs.

Risk assessments viewed contained practical guidance for care workers on how to support people to manage risks. Risk assessments were updated at least every six months or sooner if people's needs had changed. Care workers demonstrated that they knew the risks to people well and gave us examples of the types of risks they sought to reduce. One care worker gave us a detailed description of the health issues one person experienced as well as the actions they took to ensure the person was safe. They said "I received specific training in how to manage [the person's] needs and shadowed another care worker three or four times before I delivered care on my own."

Staff told us they received training in safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. The provider had a safeguarding adult's policy and procedure in place.

Staff received basic life support training as part of their initial induction and this covered what to do in the event of an accident, incident or medical emergency. Nurses also received this training despite already being trained in this area as part of their nursing qualification. One nurse told us "We get the same training. They don't assume we know everything." Care staff understood the procedure to follow in the case of an incident occurring.

People and their relatives told us they were seen by the same care workers and this ensured they could develop a relationship and get to know one another well. One relative told us their family member "Has the same carers. We get on well."

We spoke with the registered manager about how they assessed staffing levels. They explained that the initial needs assessment was used to consider the amount of support each person required. As a result senior staff determined how many care workers were required per person and for how long. Due to the nature of people's needs and their requirements, it was often necessary for care staff to be despatched to people for either an entire day shift or a night shift.

We looked at the recruitment records for 11 care workers and four nurses and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers, registration details and application forms detailed their employment history.

Medicines were administered safely to people. Care workers and nurses were responsible for administering medicines to some people and filled in medicines administration record (MAR) charts. Care staff sent these to the office on a monthly basis and they were reviewed by nurses who queried any discrepancies. One nurse told us "If you don't send in your daily notes or MAR charts, someone from the office will chase you."

Care staff we spoke with told us they had received medicines administration training and records confirmed this. Care staff were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs.

Is the service effective?

Our findings

People's rights were protected as staff understood their responsibilities in relation to consent.

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. 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 provider was working within the principles of the MCA, and found that the provider was meeting the requirements of the Act. People signed their care plans and risk assessments which demonstrated that they consented to their care. Where people had representatives to act on their behalf, the necessary documentation was in place to demonstrate that their representatives had the legal right to do so. Mental capacity assessments were one of the initial assessments completed for all adults when first receiving care.

We spoke with care workers and nurses about their understanding of the issues surrounding consent and the MCA. All care staff explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs that may indicate that a person lacked the capacity to make a specific decision and told us they would report this to their manager. One care worker told us, "If I had any concerns, I would ring the office and speak to the manager."

People and their relatives told us they were encouraged to eat a healthy and balanced diet where this was part of the package of care they received. People's care records included sufficient information about their dietary requirements, whether they had any allergies and their likes and dislikes. Care workers told us they prepared people's meals in accordance with the instructions they were given at each visit and they were aware of people's preferences. Care records included examples of what people usually liked to eat for every meal of the day and daily notes included a record of what people actually ate, so this could be monitored.

Care records contained up to date information about people's health needs. Details about people's health needs were included in their care plan. This included a description of people's known health conditions as well as information about how these affected people. Where people suffered from specific health conditions we saw specific care plans which assisted staff in managing these. When we spoke with care workers they were aware of people's health needs and demonstrated a good knowledge of how they were expected to help people with these.

People and their relatives told us staff had the appropriate skills and knowledge to meet their needs. People told us, "The nurses know what they're doing" and "I don't know where they get their staff, but they're absolutely first class."

Care staff told us they felt well supported and received regular supervision and spot checks of their competence to carry out their work and we saw evidence of this. A senior member of staff told us formal supervisions took place every three months and care staff confirmed this. One care worker told us "I speak with [the senior staff member] regularly and we have meetings every three months. I do feel well supported."

The registered manager told us ongoing training was available to all care staff and all care workers were required to undertake an extensive period of shadowing before seeing any new client. One care worker told us, "Before you see anyone new, you shadow someone a few times first. They always check if you're ready to see the person on your own before they leave you to it and you can also request for someone to shadow you until you feel comfortable." Records confirmed that staff had completed mandatory training in various topics as part of their induction prior to starting work and on an ongoing basis. These topics included safeguarding adults, basic life support and moving and handling. Care staff also received specialised training specific to people's individual needs where appropriate to ensure they were able to support them effectively. Examples of specific training included tracheostomy care and wound care.

Is the service caring?

Our findings

People and their relatives gave good feedback about the care workers. One relative told us the care workers were, "very caring" and people told us, "They are all really nice." People told us they were treated with kindness and compassion by the care staff who supported them and said that positive relationships had developed.

Our discussions with the registered manager and care staff showed they had a good knowledge and understanding of the people they were supporting. Care staff told us they usually worked with the same people so they had got to know each other well. One care worker told us they had developed a close relationship with one person. They said "We have a good relationship and I know [the person's] family too."

Care staff gave details about the personal preferences of people they were supporting as well as details of their personal histories. For example, one care worker gave us details about how one person's condition affected their family and how they supported the family to manage this. They were well acquainted with people's habits and daily routines and the people we spoke with confirmed this. One person told us the care worker "knows me very well."

People and their relatives confirmed that their privacy was respected. One relative told us "The carers respect me and respect my home" and one person said "They're polite and respectful." Care staff explained how they promoted people's privacy and dignity and gave many practical examples of how they did this. One care worker told us "I always ask how [the person] is when I'm giving personal care and I always ask what they need me to do before I do anything."

Care records gave some details about people's cultural and religious requirements, and the registered manager confirmed that these were identified when people first started using the service and records included this. When we spoke with care staff they had a good level of knowledge about people's culture and spiritual beliefs and how this influenced and contributed to the support they provided.

Is the service responsive?

Our findings

People's care was planned in a way that took account of their individual needs and preferences. Care plans provided detailed information about how a person's needs and preferences should be met. This included information about their routines, people important to them and their individual preferences in relation to many aspects of their daily living. For example, we saw one person preferred to have their day planned and we saw evidence that the care worker did this with them. The care worker told us "It makes [the person] excited about the day."

Care records contained information about people's interests and hobbies. The registered manager told us and care workers confirmed they worked with people to keep them active by encouraging them to participate in activities where this formed part of their package of care. One care worker told us one person, "likes to spend time outside. I make sure I support [the person] with what they want to do."

People confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. One person told us "They always do what I ask." People and their relatives also confirmed care staff kept daily records of the care provided and these were available for them to see. One relative told us "They always complete records after every visit." Care staff sent these records to the office every month and we saw detailed daily accounts which demonstrated what care had been provided to people.

Care staff told us they offered people choices as a means of promoting their independence. One care worker told us, "I offer people choices and always do what I'm asked."

People's needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising.

The service had a complaints policy which outlined how formal complaints were to be dealt with. People and their relatives confirmed they knew who to complain to where needed. One person told us "I've never needed to complain about anything, but if I did I would just call the office as I have their number." We reviewed written records of complaints and saw that these had been resolved to people's satisfaction.

Is the service well-led?

Our findings

The provider reported concerns to the Care Quality Commission (CQC) as required.

The provider had good systems in place to monitor the quality of the care and support people received. The senior member of staff checked MAR charts and care records on a monthly basis.

There was a clear process for reporting and managing accidents and incidents. These were reported and recorded electronically. Each incident was investigated and an internal clinical governance team reviewed accidents and incidents and monitored for trends. If any further actions were identified as a result of any trend, these were reported to the registered manager who implemented the change. For example, the registered manager told us that meetings had been arranged and training given to care staff after the service received two similar complaints about two different care workers.

The service conducted comprehensive annual and quarterly audits into various aspects of the service. These audits were based upon the Care Quality Commission's key lines of enquiry and the service self-assessed whether they were meeting the requisite standards.

Relatives told us they were asked for their feedback in regular conversations with care staff. Formalised, quarterly reviews were also conducted into people's care and these included family members. This was another mechanism for people and their relatives to provide their feedback on the care provided. The registered manager told us that if issues were identified, these would be dealt with individually.

Care workers confirmed they maintained a good relationship with the management team and felt comfortable raising concerns with both the registered manager and senior staff members within the service. One care worker told us, "They're really good. If I've got any concerns I can speak to someone right away."

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations about what their roles involved and what they were expected to achieve as a result. We saw copies of people's job descriptions and saw that the explanations provided reflected these.

The registered manager worked with members of the multidisciplinary team in providing care to people. This included the local pharmacist and the GP.