

Trueblue Nurses UK Ltd

# Trueblue Nurses

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 25 January 2017 and was announced. We gave the registered manager 48 hours to make sure someone was available in the office to meet with us. When we last visited the service on 5 August 2014 the service was rated Good overall and in all five key questions.

Trueblue Nurses is a domiciliary care agency that provides personal care and support to older people living in their own homes, some of whom may be living with dementia. Some people received 'live-in' care with support from staff who remained with them day and night. Other people received care from staff at certain times of the day. There were five people receiving services from Trueblue Nurses at the time of our inspection, two of whom received personal care. The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

Risks to people, including risks relating to people's medical and health needs, were not always properly assessed with suitable risk management plans in place to guide staff in caring for people safely. In addition the provider had not carried out risk assessments when they accepted criminal records checks from other organisations for staff. This meant the provider could not be sure staff were suitable to work with people who used the service. This was a breach of the regulation relating to safe care and treatment. You can see the action we told the provider to take at the back of the full version of the report.

Although the provider had audits in place to assess the quality of service, these were not always effective. They had not identified the issues we identified relating to the risk assessment processes.

People felt safe and staff understood how to respond if they suspected anyone was being abused to keep them safe. There were enough staff to meet people's need and medicines management was safe.

The provider supported staff through a suitable training programme as well as staff supervision. People were satisfied with the support staff gave them around eating and drinking and people had access to the healthcare services they needed. Staff understood the Mental Capacity Act 2005 and how this was important in the way they cared for people each day.

Staff understood the needs of the people they were caring for as well as their backgrounds, interests and preferences. Staff treated people with dignity and respect. People were involved in planning their own care.

The provider supported people to do activities they were interested in, including arranging group activity sessions for people using the service to meet together to reduce the risk of social isolation. A suitable complaints policy was in place and the provider encouraged people to feed back on the service.

The registered manager, deputy and staff understood their roles and responsibilities well. They registered manager had open and inclusive ways of communicating with people and staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. The provider had not ensured risks to people, including those relating to medicines management and also staff criminal records checks, were assessed and managed appropriately as part of keeping people safe.

Staff knew how to recognise abuse and how to respond to it to protect people. There were enough staff to care for people.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff received the necessary training and support from the registered manager to meet people's needs. People were supported by staff as required to eat well and to see healthcare professionals when they needed to. Staff understood the Mental Capacity Act (2005) and how this was important in the way they cared for people each day.

**Good** ●

### Is the service caring?

The service was caring. Staff treated people with dignity and respect and involved people in their care. The provider gave people information when they needed it.

**Good** ●

### Is the service responsive?

The service was responsive. People were involved in assessing and planning their care. The provider took steps to reduce the risk of people's social isolation. A suitable complaints policy was in place and the registered manager dealt with complaints appropriately. The provider had arrangements in place to encourage feedback about the quality of the service from people and others.

**Good** ●

### Is the service well-led?

The service was not always well-led. Systems were in place to assess the quality of the service people received but these were not always effective. The registered manager and staff understood their roles and responsibilities and had open and inclusive ways of communicating with people and staff.

**Requires Improvement** ●

# Trueblue Nurses

## **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 checked 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 was a comprehensive inspection. The inspection took place on 25 January 2017 and was announced. We gave the provider 48 hours' notice of the inspection to make sure someone was available in the office to meet with us. The inspection was carried out by a single inspector.

Before our inspection we reviewed information we held about the service. This included information we received from members of the public regarding the service provision.

During the inspection we spoke with the registered manager and deputy manager who are also the owners of the business. We looked at a range of records including three staff files, three people's care plans and other records relating to the management of the service.

After the inspection we spoke with two people using the service and two members of staff.

# Is the service safe?

## Our findings

The provider did not ensure risks were always managed appropriately to ensure people's safety. They had identified some risks to people and had briefly summarised how they should be managed but had not followed Health and Safety Executive (HSE) guidance in carrying out risk assessments thoroughly and putting suitable management plans in place to reduce the risks. As part of the risk assessment process the provider had not assessed risks adequately to identify how likely they were to cause harm and the associated impact that could result, as recommended by the HSE. We also found that risk assessments did not always contain sufficient information about the risks to people relating to the management of the medicines they took, including risks relating to people who needed prompting to take their medicines. As a result of this staff did not always have information to tell them how to support people safely including with their medicines so they could mitigate risks to ensure people's safety.

The provider had not assessed some risks to individuals, even though they were aware of them, and so there were no risk management plans in place for staff to follow to manage these risks. These included risks relating to a person who required a specific procedure to maintain their wellbeing, which they refused, and a person at risk of developing pressure ulcers.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager did not always carry out robust recruitment checks to ensure new staff were suitable to work with people using the service. The registered manager told us they allowed staff to work with criminal records checks carried out by former employers within a year of their application, and until 2014 had accepted criminal records checks carried out by former employers up to three years previously. The provider also did not carry out risk assessments to support the decisions and to confirm the safety arrangements when staff were recruited without a new criminal records check. The registered manager told us they did not have a policy to recheck staff criminal records during their employment with the organisation as staff rarely stayed longer than three years. These issues meant the provider did not have robust arrangements in place to ensure that the suitability of applicants to work at the service were fully assessed before they were offered employment. People were therefore at risk of receiving care from unsuitable staff.

After our inspection the registered manager contacted us to inform us they were reviewing all people's risk assessments, and implementing risk assessments for staff who have criminal records checks from other organisations, to ensure risks were properly assessed with appropriate management plans in place as part of keeping people safe. We recommend that the provider seek national guidance on good recruitment practices including the portability and repeat of criminal record checks.

Besides criminal records checks, other checks the provider carried out on staff included checks of identification and right to work in the UK, references and health conditions. However this information was not always held on file such as proof of identification and proof of address, as required by law. When we

informed the registered manager of this they located the missing documents and forwarded them to us the next day, confirming they had stored them in the relevant files.

People and staff told us there were enough staff deployed to meet people's needs and visits to them were never missed. The registered manager told us they had a core of reliable staff who would cover other staff at short notice if necessary, including live-in care work. The registered manager and deputy also provided care for people themselves if staff were unable to cover.

People told us they felt safe when they received care by the agency. The registered manager provided staff with training in safeguarding adults at risk each year. Our discussions with staff confirmed they understood the signs people may be being abused and how to respond to this to keep people safe.

## Is the service effective?

### Our findings

The registered manager supported staff through effective supervision and training. Staff attended an annual mandatory training day where they covered a range of topics including person-centred planning, infection control and emergency first aid. One staff member told us, "I've just done the mandatory training, it was fantastic!" Staff also received other training via e-learning and some specialist group training such as dementia training. A development programme was in place and records showed all staff had received their mandatory training within the last year. The registered manager provided staff with an appraisal each where they reviewed training needs, gave constructive feedback on performance and set goals for the coming year. The registered manager also regularly met with staff informally at annual Christmas and summer social gatherings they arranged for staff. In addition the registered manager and deputy often took staff out for coffee to provide more informal support. Records showed the registered manager also carried out quarterly spot checks to assess staff working practices. Staff told us they felt well supported by the managers.

People told us staff knew the food and drink they liked and supported them in the ways they required to eat and drink, including going to purchase food for them and preparing their meals. The registered manager told us they monitored people's weight where necessary and that no one was at risk of malnutrition at the time of our inspection but they would monitor people closely if necessary and if they had concerns.

People received support to access the healthcare services they needed. Records showed people had regular contact with healthcare professionals such as GPs, opticians and chiropodists. The registered manager referred people for specialist support when necessary. For example we saw records that showed the registered manager referred a person to Occupational Therapy to obtain a profiling bed to meet their changing needs.

People told us staff always asked for their consent before carrying out personal care. Our discussions with the registered manager showed they understood the Mental Capacity Act (2005) and why this was important to their role, as did staff. 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.

The registered manager and staff attended training on this area each year to refresh their knowledge. The registered manager told us where people lacked capacity to agree to decisions, such as staff administering medicines to them they had had mental capacity assessments carried out and meetings with people significant to them to make decisions in their best interests. However, this information was not always included in their care plans for staff to refer to and there was therefore a risk that staff may not always be aware of the best ways to care for individuals in line with decisions made in their best interests. We discussed this with the registered manager and they told us they would review the way they record best interests decisions in people's care records in line with our findings.

## Is the service caring?

### Our findings

People told us they were satisfied with the way staff and the registered manager and deputy cared for them. One person told us, "[The managers] have a good rapport with the people they work with" and "I'm very content [with staff]". Another person said, "[The staff] are friendly." When we asked if staff were kind and caring they responded, "Yes, indeed."

People told us the staff who supported them understood their needs. One person told us, "[The staff who care for me] have been with me some years now. They know me extremely well. People's care plans also contained information about their likes and dislikes, life histories, current and former hobbies. This helped staff to gain a better understanding of the person, to find suitable topics of conversation and to help in planning activities which would be of interest to individuals. Our discussions with staff showed they knew people's backgrounds and understood people's preferences well and supported them accordingly. The managers gave us an example of how they used music to interact with a person who was a former musician, singing songs with them, as their condition meant they found words confusing.

Staff respected people's privacy and dignity. Staff confirmed they always knocked or rang the doorbell before entering people's homes. Feedback from people confirmed that staff spent time talking with them and responding to their care needs and did not rush them. This was done to make people feel they mattered.

For people who received live-in care the registered manager encouraged people to set out their preferred daily routines for staff to follow when supporting them. In this way people were involved in planning their own care.

People continued to receive information when they needed it to understand the services they received, what to expect and what they should do if the care they received was not what they expected. For example the provider gave information to people when they started using the service. This contained information about the agency including summaries of various key policies such as the complaints policy.



## Is the service responsive?

### Our findings

The registered manager involved people in assessing and planning their care. The registered manager or deputy met with people before their care began to find out more about them and what they expected from their care. Relevant information was recorded and used to inform people's care plans. The registered manager encouraged people to write their own schedule of care setting out how they would like to receive care when staff visited them, including the order staff should carry out tasks. We saw these schedules in people's care plans and our discussion with people confirmed staff followed them according to people's wishes. The provider ensured people's care plans were reviewed every three months or more often if people's needs changed. This meant they contained accurate information for staff to follow when providing care to people.

The provider took steps to reduce the risk of social isolation to people. They held their own regular social events for people using the service. Twice a month they held a 'nail bar' and they held other one-off events each month such as a recent event where people brought a photo from their past to encourage discussion and relationship building with other people using the service. The registered manager had scheduled a sing-song event for people in February 2017. The agency also encouraged people to do activities they enjoyed. Recently they held a craft session for staff to learn how to make various items and then staff encouraged the people they cared for to make these crafts with them as activities in their own homes. The registered manager told us most people who used the service often required staff to provide social support, including assisting them to attend activities and events. Staff confirmed they often supported people to do their preferred activities, including visiting garden centres and a local theatre for 'silver screen' a regular free show for older people.

The agency had a suitable complaints policy in place and people were provided with a copy of this when they began receiving care. Records showed the registered manager responded to complaints in line with their policy. Where the registered manager's investigation found their service was at fault they issued a full apology. The provider used complaints investigations as an opportunity for learning and improving the service.

The registered manager had arrangements in place to encourage feedback. The registered manager told us they visited people regularly, as often as they required. For some people they visited weekly, for others every few months. People confirmed this and told us the registered manager or deputy often telephoned them to check how they were and to hear any concerns or any suggestions on how the agency could improve. The agency also asked people to complete an annual questionnaire. Respondents to the most recent questionnaire all rated the agency very good in all areas.

## Is the service well-led?

### Our findings

Records showed the provider visited people's homes to audit people's care plans and risk assessments every three months or more often if required. At these visits they also carried out spot checks of staff competency in caring for people. The provider audited staff recruitment folders. However, these audits had not identified that risks to people were not always properly assessed as part of keeping people safe and that risks relating to using a criminal records check for staff from a previous employer had not been assessed. The provider audited medicines administration records (MAR) for people to check they received their medicines safely. However, they did not always record these audits which meant there were not always records of when they had identified and taken action in respect of medicines errors, to demonstrate how they were improving the service. Because of this people might not always have been protected against the risks that can arise if a provider did not have robust quality assurance processes in place. The registered manager confirmed they had implemented a written audit of medicines after our inspection as a result of our feedback.

People and staff were positive about the management. One person told us, "I find it very efficient. I'd give it ten out of ten." Another person told us, "They do a good job." There was a registered manager at the service who was supported by a deputy manager. Both the registered manager and deputy manager owned the service. 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. Our discussions with the registered manager and staff understood their roles and responsibilities.

The registered managers had open and inclusive ways of communicating with people and staff. One person told us, "If there are any changes they get in touch." The registered manager and deputy called people regularly to check how they were and to update them if there were any changes to their care. People and staff told us they could call the registered manager or deputy at any time and their call would always be welcomed. The managers often visited people informally at home when they knew people would appreciate their visit. They used these visits as an opportunity to listen to any feedback people had, or to communicate any changes to the service. The provider also produced a monthly newsletter. They shared learning from accidents, incidents and complaints in the newsletter to communicate best practice to staff and improve the service in this way. Staff we spoke with told us they felt well supported by the managers and motivated to perform well because of this support.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for people by assessing the risks to the health and safety of people of receiving the care and doing all that is reasonably practicable to mitigate any such risks. Regulation 12(1)(2)(a)(b).</p>