

Standard Nursing Agency and Care Services Limited

Standard Nursing Agency and Care Services Limited - Wembley

Inspection report

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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 undertook this announced inspection on 3 May 2016. Standard Nursing Agency and Care Services Limited –Wembley is registered to provide Personal and Nursing Care services to people in their own homes. The services they provide include nursing care, personal care, housework and assistance with medicines. At the time of this inspection the service provided care for approximately fifty people.

At our last inspection on 19 August 2014 the service met the regulation we looked at.

The service has a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

People and their representatives informed us that they were satisfied with the care and services provided. They informed us that people had been treated with respect and they were safe when cared for by the service. There was a safeguarding adults policy and suitable arrangements for safeguarding people from abuse.

Care workers of people were caring in their approach and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and guidance provided to care workers on how to care for people. Care workers prepared appropriate and up to date care plans which involved people and their representatives. Where applicable, healthcare needs were monitored and care workers assisted people attend appointments with healthcare professionals. Care workers worked well with social and healthcare professionals to bring about improvements in people's care. This was confirmed by professionals we contacted.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided and the management of the service. Reviews and telephone monitoring of care provided had been carried out and this had been recorded. This was also confirmed by people we spoke with.

People knew how to complain. The complaints procedure was included in the service user brochure. Complaints recorded had been promptly responded to. This was also confirmed by people we spoke with.

There were arrangements for the recording and administration of medicines. Care workers had been provided with training in the administration of medicines.

Care workers had been carefully recruited and provided with a comprehensive induction and training programme to enable them to care effectively for people. They had the necessary support, supervision and appraisals from the registered manager. Care workers were able to attend to people's care needs.

Teamwork and communication within the service was good.

People and their representatives expressed confidence in the management of the service. They stated that with a few rare exceptions care workers communicated well with them and their relatives. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity and providing a good quality of care.

Two social care professionals provided positive feedback regarding the management of the service. They indicated that they had no concerns regarding the management of the service although there was room for improvement. Audits and checks of the service had been carried out by the registered manager and senior care workers of the service. These included spot checks on care workers and audits of care documentation. A recent survey indicated that there was a high level of satisfaction and people and their representatives made positive comments regarding the service.

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 had a safeguarding policy. Care workers were aware of the importance of keeping people safe. They knew how to recognise and report any concerns or allegations of abuse.

Care workers were carefully recruited and their records contained evidence of the required checks. The service had an infection control policy. Care workers were aware of good hygiene practices.

There were suitable arrangements for the administration of medicines.

Is the service effective?

Good ●

The service was effective. People who used the service were supported by care workers who were knowledgeable and understood their care needs. Care workers had been provided with supervision and appraisals.

Care workers supported people in accessing healthcare services when needed. Nutritional needs were attended to and monitored when needed. Care workers had been provided with most of the essential training needed to do their work.

Is the service caring?

Good ●

The service was caring. Care workers treated people with respect and dignity and this was confirmed by those we spoke with.

The preferences of people had been responded to. Care workers were allocated to people on a permanent basis and they were able to form positive relationships with people. People and their representatives were involved in decisions regarding their care.

Is the service responsive?

Good ●

The service was responsive. Care plans had been prepared following consultation with people or their representatives and they addressed people's individual needs and choices.

Reviews of care and evaluations had been carried out for people

to ensure that the care provided met their current needs.

People knew how to complain. Complaints recorded had been promptly responded to.

Is the service well-led?

Good ●

The service was well led. There were checks and audits of the service carried out by the registered manager and senior staff. Spot checks had been carried out on the care provided by to ensure that people received a high quality of care. A recent survey indicated that people were mostly satisfied with the care provided.

Care workers worked well as a team and they informed us that they were well managed.

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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.

The inspection took place on 3 May 2016 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection.

Before our inspection, we reviewed information we held about the service. This included notifications and reports provided by the service and information we received from local authorities.

We spoke with two people who used the service and six relatives. We spoke with the registered manager, two directors of the company and eight care workers including a care co-ordinator and a senior support worker. We also obtained feedback from two social care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people using the service, five staff recruitment records, staff training and induction records. We checked the policies and procedures of the service.

Is the service safe?

Our findings

People and their relatives stated that care workers took good care of people and people were safe when cared for by their care workers. One person said, "My carer shows respect for me and I feel safe. My carer is quite good with giving me my medicines." A relative stated, "I am satisfied with the care provided. The carer cooks food for my relative and is clean and hygienic." Another relative said, "I was unhappy with a carer and made a complaint. They responded promptly. Since then it's been OK."

There were suitable arrangements to ensure that people received their medicines as prescribed when this was agreed with people or their representatives. The service had a medicines policy and procedure. People we spoke with said their care workers were reliable and confirmed that their medicines had been administered by their care workers. Where there were gaps in the medication administration record, explanations had been recorded.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and care workers had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available in the office. One safeguarding allegation was reported to us and the local safeguarding team. We noted that the service had co-operated with investigations and taken appropriate action to safeguard people.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with self-neglect, moving and handling, home environment and people's mental disorder. Care workers we spoke with were aware of the importance of ensuring the safety of people.

We looked at the records of care workers and discussed staffing levels with the registered manager. She stated that the service had enough care workers to manage the workload. Care workers informed us that they had enough time to travel in between visits. People and their representatives stated that care workers usually arrive on time or close to the time expected.

We examined a sample of five records of care workers. We noted that care workers had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to care workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and using hand gel to protect against infection. They said they had access to protective clothing including disposable gloves and aprons. People informed us that care workers

followed hygienic practices.

Is the service effective?

Our findings

People and their relatives informed us that care workers were competent and they were satisfied with the care provided. One person stated, "I am happy with the service. The carers are reliable and do a good job." One relative said, "Everything is fine. The carer of my relative is reliable and trustworthy." A second relative however, stated that they preferred the carer they had previously as their previous carer were more able than their current one. With their permission, we relayed the request to the registered manager.

One professional stated that care workers were capable and displayed a willingness to join in training and they had also completed the required training where necessary so that they could work well with families to achieve outcomes stated in person centred care plans.

Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of medical or mental conditions. People's healthcare needs were monitored by care workers where this was part of their care agreement.

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for them and for care workers on the dietary needs of people. The registered manager informed us that in most cases, care workers were responsible for only heating the food for people. This was confirmed by people we spoke with. Care workers we spoke with were aware of action to take if people were unwell or lost a significant amount of weight. They said they would notify the registered manager or senior staff and also report it to the person's doctor if needed. We noted that care workers had received training in food hygiene to assist them in their duties.

Care workers had been provided with essential training to ensure they were able to meet the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role. The service had a training spreadsheet with details of training provided for staff. The registered manager informed us that she checked to ensure that care workers had received appropriate training and updates when needed.

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. New staff had started the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

Care workers said they worked well as a team and received the support they needed. The registered manager and senior staff carried out supervision and annual appraisals of care workers. This enabled them to review their progress and development. Care workers we spoke with confirmed that these took place and

we saw evidence of this in the staff records.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 informed us that most people using the service had capacity and where they lacked capacity, close relatives had been consulted. We noted that assessments of mental capacity had been prepared. The service had a policy on the MCA. Care workers were aware of the need for best interest decisions to be made and recorded when necessary. Care workers were knowledgeable regarding the importance of obtaining people's consent regarding their care, support and treatment. They stated that they sought the consent of people and their representatives when this was needed. However, they stated that in most cases, this was not needed as they had worked with people for a long time and they carried out tasks which had already been agreed and scheduled. Some staff had not received training in the MCA. The registered manager stated that this would be arranged.

Is the service caring?

Our findings

People and their relatives informed us that their care workers were caring and they had been able to form positive relationships with their care workers. People told us that they specially liked having the same workers being allocated to them. One person said, "I am very happy with my carer and like my carer very much." Another person said, "My carer has been coming for some time and do a good job." One relative said, "I am happy with the carers of my relative. They are very good- absolutely. They understand my relative and can communicate nicely with my relative." A second relative said, "The carer gets on well with my relative, respect our culture and we have not experienced any discrimination."

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care.

We saw information in people's care plans about their background, life history and their interests. This information was useful in enabling the service to understand people and provide suitable care staff for people. Care plans included information that showed people or their representatives had been consulted about their individual needs including their spiritual and cultural needs. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. Care workers informed us that they had been informed during their training to treat all people with respect and dignity. The service had a policy on promoting equality and valuing diversity.

The registered manager stated that care workers were allocated to the same person on a regular basis where possible. This enabled people and their care workers to form a good relationship as people and care workers would get to know each other well over time. People and their relatives confirmed that their regular care workers knew what to do and they got on well with them. This was also confirmed by care workers we spoke with. People informed us that their care workers listened to their views and responded to them.

Is the service responsive?

Our findings

People and their relatives informed us that care workers provided the care needed and as stated in the care plans. One relative said, "My relative's carer is punctual and do the job properly and always appears happy. My relative has had the same carer and knows my relative well. The care provided has been reviewed by them."

One professional stated that care workers had been able to work well with challenging situations experienced when working with some of their clients and their clients had made significant progress.

There was documented evidence that people and their representatives were involved in planning care and support provided. People's needs had been assessed before services were provided and this had involved discussing the care plan with people and their representatives. The assessments included important information about people including people's health, nutrition, mobility, medical, religious and cultural needs. People's preferences and choice of visit times were documented. Care plans and agreements were then prepared and signed by people or their representatives to evidence that they had been consulted and agreed to the plans. This ensured that people received care that was personalised and appropriate. The registered manager informed us that they had provided a care worker who had been a chef for a person who needed someone who could cook particular meals and the person had appreciated this.

Care workers had been informed by the registered manager and senior care workers in advance of care being provided to any new person. Care workers told us that prior to visiting a person, they had been informed of the care to be provided. They demonstrated a good understanding of the needs of people allocated to them and when asked they could describe the needs of people and their duties. People stated that their regular care workers knew how to meet their care needs. People were especially satisfied because they told us they usually had the same care workers.

We discussed the care of people who had special needs such as those with diabetes. Care workers were able to tell us what the particular issues, risks and needs of people were. For example, in the case of those with diabetes care workers knew what type of foods people should avoid. They were also aware of the importance of ensuring that people had their meals on time so that they can be given their insulin or other diabetic medication.

Reviews of care had been arranged with people and their relatives to discuss people's progress. This was noted in the care records of people and confirmed by people and their relatives. They stated that senior care workers had spoken with them or visited them to discuss the care provided.

The service had a complaints procedure and this was included in the service user guide. Relatives informed us that they knew how to complain and when they had complained, the provider had responded appropriately. Care workers said they would take action if they received a complaint. They knew they needed to report all complaints to the registered manager or senior care workers so that they can be documented and followed up. We examined three recent complaints in the complaints book and noted that they had been promptly responded to.

Two people stated people we spoke with stated that they had initially experienced problems with some care workers. They said they made complaints regarding the care provided. These complaints were promptly responded to.

A professional stated that they had previously experienced significant delays with queries, feedback and resolving minor issues. However, this had been addressed and they were confident this would be maintained.

Is the service well-led?

Our findings

The feedback we received indicated that most people were pleased with the quality of the services provided. People and their relatives expressed confidence in the management of the service. One person said, "I am satisfied with the service. The supervisor visited me about a month ago." One relative said, "They are very good- absolutely. The supervisor came here recently." Another relative said, "The service is well managed." This same person stated that they had experienced some dissatisfaction with a care worker but this had now been sorted out.

Two social care professionals informed us that the service was well managed. One of the professionals added that the service had maintained a consistently good approach to overcome challenges and have delivered good services. However, this professional stated that there was room for improvement as on some occasions in the past issues and concerns were not relayed promptly to them.

Audits and checks of the service had been carried out by the registered manager and senior care workers. These included spot checks on care workers and care records. Regular reviews of care had been carried out. Documented evidence was seen by us. The registered manager also informed us that the service undertook telephone monitoring of people and visits to people so that they could obtain the views of people regarding the services provided. This was confirmed by people and their representatives who spoke with us.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, quality assurance, safeguarding and health and safety.

Care workers were aware of the aims and objectives of the service and stated that they aimed to provide a high quality of care and ensure that their care needs as stated in care plans were met.

Care workers told us that communication within the service was good and they had meetings where they were kept updated regarding the care of people and the management of the service. They said they were well managed and their registered manager, directors and senior care workers were supportive and approachable. They further informed us that they had been provided with incentives to ensure that they met their work commitments and target.

The service had an effective management structure with the registered manager being supported in her role by two directors, senior staff and administrative staff which included a professional and development officer, a care co-ordinator, a compliance officer and a recruitment consultant.

The service had carried out a satisfaction survey of people and their representatives in the past twelve months. The results indicated that people and their representatives were mostly satisfied with the services provided. We saw that there was analysis of the results and an action plan for ensuring that suggestions and concerns raised were responded to. Comments made by those who responded included the following:

"They provided me with the carer type I requested."

"The carer is very proactive and I can depend on her at all times to keep my relative safe."

"They always listen to you. And try to provide the kind of care you want."