U.K. International Nursing Agency Ltd

UK International Nursing Agency Limited Dom Care

Inspection report

Mayapur House
2A Station Road
Radlett
Hertfordshire
WD7 8JX
Tel: 00 000 000
Website: www.ukina.co.uk

Date of inspection visit: 16 July 2015
Date of publication: 09/09/2015

Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service well-led?	**Inadequate**

Overall summary

We carried out an unannounced comprehensive inspection of UK International Nursing Agency Dom Care on 22 and 30 January 2015 at which breaches of regulations 9, 10, 11, 13, 15, 18, 20, 21, 22 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were found. These correspond to regulations 9, 17, 13, 11, 18, 15, and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was because there were not enough staff available to provide safe care to people. Staff had not undergone robust pre-employment checks before commencing work. Staff were not knowledgeable about signs of abuse or how to report this and not all staff had received training or development relevant to their role. People's medicines were also not managed safely. When assessing people's capacity to make decisions, staff had not acted in accordance with the Mental Capacity Act 2005. Care plans and risk assessments had not been developed or reviewed for areas of identified need. Notifications that were required to be sent to the Care Quality Commission had not been sent. In addition management systems were not robust.

Summary of findings

Following the comprehensive inspection, the provider wrote to us on 15 May 2015 to tell us how they would meet the legal requirements. We undertook a focused inspection on the 16 July 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for UK International Nursing Agency Dom Care on our website at www.cqc.org.uk.

UK International Nursing Agency Limited Dom Care is a domiciliary agency providing personal care to people in their own homes. It is also provides accommodation for up to seven people who require nursing and /or personal care.

There continued to be insufficient numbers of staff available to safely support people's needs.

People's medicines were stored and managed safely. However safe practises were not always observed when completing controlled medicines records.

Staff were now recruited through a robust procedure. However not all staff were provided with regular professional development to ensure their knowledge was up to date.

Management systems continued to be ineffective.

There was not a registered manager in post. 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 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service.

Staff followed the requirements of the Mental Capacity Act 2005 for people who lacked capacity to make particular decisions.

Incidents that required reporting to the Care Quality Commission had been made as required.

At this inspection we found the service to be in breach of Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take and what action we are taking at the back of the full version of the report.

Summary of findings

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 is not always safe.

People were not supported by sufficient numbers of staff.

People's medicines were stored and managed safely however safe practises were not always observed when completing controlled medicines records.

Incidents that required reporting to the Care Quality Commission had been made as required.

Requires improvement

Is the service effective?
The service was not always effective.

People were supported by staff who had not always received up to date training..

Training that had been identified as required, had not been delivered.

People were supported in accordance with the requirements of the Mental Capacity Act 2005.

Requires improvement

Is the service well-led?
The service was not well led.

People 's health, safety and welfare was not protected, as management systems continued to be ineffective.

Inadequate

UK International Nursing Agency Limited Dom Care

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.

This inspection was carried out to check that improvements had been made to meet legal requirements after our comprehensive inspection on 22 and 30 January 2015. We inspected the service against three of the five questions we ask about services: is the service safe, is the service effective and is the service well led. This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by one inspector. We looked at the care provided to people in the residential home, as in our previous inspection on 22 and 30 January 2015, people in the domiciliary agency received appropriate safe care.

During the inspection we were unable to speak with people who lived at the service due to their complex needs. We spoke with one member of staff, the manager and the provider. We received feedback from social care professionals. We viewed three people's support plans, and four staff files. We also looked at documents relating to the management and monitoring of the service.

Requires improvement

Is the service safe?

Our findings

At our comprehensive inspection 22 and 30 January 2015 we identified a breach of regulations, 9, 11, 13, 21 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond to regulation 9, 12, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people may not always have received consistent and safe support because the risks associated with such areas as safe staffing levels, staff recruitment, keeping people safe from harm and risks to people had not been identified or reviewed.

At our focused inspection 16 July 2015 we found that the provider had completed some of the action they had developed to meet shortfalls in relation to the requirements of Regulation 9, 12, 13 and 18 described above.

There were insufficient numbers of staff to safely meet people's needs. At our previous inspection we found that there were not enough staff available to provide care safely. When we inspected on 22 January 2015 the provider had worked the previous day, and continued to work on the day of our inspection. When we visited again on 30 January 2015, we were once again met by the provider who had carried out the sleep in shift. They had worked in the home without a break since the first day of our inspection.

At this inspection we were once again met by the provider. We saw they had worked the previous night shift. They told us this was a sleep in shift, and a second nurse was working the waking night shift. However, the provider told us they were on call should they be required to assist with personal care. The provider and manager told us that the assessed staffing levels were two staff working at night. However rota's demonstrated that on a Monday and Tuesday night, the provider offered sole care over the night shift. We asked the manager about this. They told us that they had now reassessed people's needs and felt they only required one waking night staff from the day of the inspection. We saw from one person's care records that the manager was seeking further funding from their local authority to increase care provision at night. We asked the manager and provider to show us how they had assessed people's needs to reflect the suggested change to staffing levels at night. They told us they had discussed this, but were unable to demonstrate how they had reached this decision. This meant neither the provider nor the manager had sufficiently assessed or reviewed and documented the risks relating to the health, safety and welfare of service users when considering staffing changes.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they had implemented a new care plan format since our previous inspection. Risk assessments clearly identified the concern, and care plans provided clear written guidance about people's support needs. For example, at our previous inspection we found that one person had slept in their wheelchair throughout the night. There were no assessments in place for this, and consideration had not been given to the use of profiling beds, crash mats or bed rails. At this inspection we saw a new risks assessment had been developed which had covered all areas such as being supported to turn in bed, to move up and down the bed and to transfer in and out of bed. We observed staff supporting people in the communal areas of the home. People appeared well cared for and staff clearly knew how to support people's individual needs. Staff were observed to assist people with their lunch, and support their mobility needs. We saw that staff had an instinctive knowledge of how to care for people. People's records showed that each person had undergone a full review of their needs, which were comprehensive and clearly identified how to support people's needs such as mobility, nutritional needs, mental and physical health.

At our previous inspection we found that medicines were not administered and managed safely. People did not have an assessment for medicines as required (PRN) and people did not always receive their medicines as prescribed. When medicines were brought into the home, they were not always recorded, stored securely and regular temperature checks were not completed of the

medicines room. At this inspection on 16 July 2015 we found that their had been improvement in the management of medicines.

Medicines that people took as required or, PRN assessments had been completed, which detailed why people required a particular medicine, and for people unable to communicate, the manager had clearly recorded how people communicated to staff if they were in pain, or discomfort. Medicines had been recorded as received into the home appropriately, and when unused medicines were

Requires improvement

Is the service safe?

returned to the pharmacy the manager, had documented this. Medicine Administration Records(MAR) charts were completed consistently and the quantity of medicines recorded on the MAR charts, matched the physical stocks we counted. This meant that medicines had been managed, stored and administered safely.

At our inspection on 22 and 30 January 2015, we found that incidents that are required to be submitted to the Care Quality Commission (CQC) had not been made. Records of incidents or accidents had not been maintained, and no review of incidents was made by the provider to identify patterns, trends or themes to help keep people safe. At this inspection the manager showed us two incident reports that had been completed. Neither was required to be submitted to CQC. The manager did demonstrate to us they had submitted notifications relating to Deprivation of Liberty application outcomes.

However, the provider or manager did not have a system in place to effectively monitor and review incidents to keep people safe. At the time of inspection only two people lived in the home and the manager was unable to explain to us how they would monitor falls or incidents appropriately in the future. As the provider planned to increase the number of people to seven in the near future we were concerned how people's safety would be monitored. We spoke with the provider and manager who told us they would implement a system of review for incidents, accidents and injuries which would be regularly monitored.

We looked at staff recruitment files and saw that each had a full employment history in place, accompanied by professional references and a criminal records check. This helped to ensure that people employed were of good character and appropriately competent to support people who use the service.

Requires improvement

Is the service effective?

Our findings

At our comprehensive inspection on 22 and 30 January 2015 we identified a breach of regulations, 15, 18 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond to Regulation 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that staff had not received supervision or appraisal with their line manager to discuss their development and had not received appropriate training. We also found that the requirements of the Mental Capacity Act 2005 had not been followed.

At this inspection we found the manager had commenced supervision for staff and reviewed their professional development. We were told by the manager that staff received six sessions within twelve months. Records we looked at demonstrated that although this had not been followed for all staff, the manager was aware, and had plans to address this. One staff member told us, "[Provider and manager] have been very supportive since I started working."

Clinical staff were employed on a self-employed basis and seeked their own training and development for a number of key areas, such as life support, catheter care and safeguarding adults. We looked at staff records to confirm they had attended the appropriate training for their role. However copies of their training certificates were not available. We asked the manager how they ensured staff knowledge was up to date if they didn't have the certificates. They told us the staff told them they had attended the required training, and usually submitted their certificates. They said, "I ask them to forward their certificates to me but they take ages, sometimes it's phoning a hundred times before I get it." The manager submitted these to us subsequent to the inspection the following day. However, as the manager had not satisfied themselves staff had up to date professional knowledge they could not be sure staff provided safe care.

We also looked at the training records for two newly employed staff members. These records demonstrated that that neither staff member had received training in safeguarding adults, medicines management, moving and handling or infection control. The manager told us that their induction records were at their homes but showed us that they had booked each staff member onto the relevant training course in the near future. The manager told us that staff shadowed them until they were competent to provide care, however did not have any records of assessments or reviews to demonstrate how they assessed their capability.

Since our last inspection, the manager had sought support with training and development for care staff, and showed us a training calendar. They told us they had formed close links with a training provider who was supporting them to access relevant training that was nationally recognised. This helped to ensure that people were supported by staff who had the appropriate knowledge and skills for their role.

People's rights were protected as the manager had worked in accordance with the MCA 2005. At our inspection on 22 and 30 January 2015 we found the requirements of the Mental Capacity Act 2005 had not been followed. An assessment of people's capacity to make decisions about their care, health needs and day to day preferences, had not been recorded and people may have been unlawfully restrained. At this inspection we saw that all those people who required an assessment of their capacity had received one. Where best interest decisions were then carried out, this had involved an independent mental capacity advocate (IMCA). Where the manager felt they needed to deprive a person of their liberty to keep them safe, the appropriate applications had been made.

Inadequate

Is the service well-led?

Our findings

At our comprehensive inspection on 22 and 30 January 2015 we identified a breach of Regulations 10 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the manager did not ensure they kept and accurate record of peoples care and the provider had not completed audits to monitor the quality, effectiveness and safety of the service provided.

At our focused inspection 16 July 2015 we found that the provider had completed some of the action plan they had developed to meet shortfalls in relation to the requirements of Regulation 17 described above.

When we visited on 22 and 30 January 2015 the service did not have a registered manager in post. The provider was acting as the manager and had identified a replacement. This new manager was in the process of completing their registration with the Care Quality Commission and visited during the inspection to complete their application. However, their application was rejected on 27th February 2015 due to the forms being completely incorrectly. When we inspected on 16 July 2015, no further application had been submitted. This meant the service did not have a registered manager in post.

This was a breach of the conditions of the provider's registration with CQC

People's care records were not reviewed to ensure they were accurate. We noted one person's waterlow score had been incorrectly calculated. This is an assessment tool used to provide an estimated risk for the development of a pressure ulcer. We asked the manager if they had carried out an audit of people's care records that may have identified anomalies in the records. They told us, "I haven't started a care plan audit yet." We looked at how the manager assessed the quality of the service provided. We asked for a copy of their auditing tool. The manager gave us a copy of a robust tool that assessed 18 different areas such as nutrition, protection from abuse, advocacy and the safety of the home environment. We asked the manager if they had completed the audit and reviewed their findings. They told us they had completed only two of the 18 sections. We saw that some auditing had been carried out such as medicines and infection control; however, there was no system in place to review the whole quality of care people received. Audits had occasionally been completed in isolation and did not form any form of service review that identified and rectified any areas of concern.

There was no formal system in place to assess and monitor staffing levels. We did not see how the dependency of each person was identified within their care plan to determine the level of support they required. There was no evidence this was used to calculate staffing levels within the home. They had not taken action when required to review, monitor and plan staffing safely.

Records relating to training and development had not been kept. The manager had not assured themselves by maintaining an accurate record of staff training, that staff possessed the appropriate knowledge to deliver safe care.

Staff meetings were not held. We asked if staff meetings were carried out for both domiciliary staff and those employed in the care home. The manager told us that, "We haven't had any staff meetings here in the home it is in process as we have had a lot to do. It was easier to do the dom care meetings. I thought if I showed you those meetings [had taken place] then you would see what we had planned." This meant that there were no forums to share experiences, lessons learned or good practice.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (1) (2) (b)** **People who use services and others were not protected as the registered person had not assessed, monitored and improved the risks relating to the health, safety and welfare of people who use the service or others.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 (1)** **There was insufficient numbers of staff deployed.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who use services and others were not protected as the registered person had not assessed, monitored and improved the risks relating to the health, safety and welfare of people who use the service or others. Regulation 17 (1) (2) (b)

The enforcement action we took:
We have served a warning notice to the provider telling them they must make improvements. We will follow up this warning notice in the future to check they have made the required improvements.