

Netex Limited

INCA Nursing Agency and INCA Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Independent Nursing and Care Agency (INCA) is a domiciliary care agency providing care and support to mostly older people who live in the community. At the time of our inspection there were 18 people using the service and receiving personal care.

People's experience of using this service:

- The registered manager did not ensure the management of medicine was safe at all times. They could not evidence that staff were assessed as competent to handle medicine.
- The registered manager did not always record the way they reviewed, assessed and monitored the quality of service provided. They did not always record they had carried out audits to check the quality of service provision and people's care records.
- The registered manager encouraged feedback from people and relatives, which they used to make improvements to the service.
- Not all staff had completed recent training refreshers as per their annual timetable. The registered manager had planned and booked training when necessary to ensure all staff had the appropriate knowledge and skills to support people. Staff had ongoing support, supervision and appraisals. They felt supported by the registered manager and senior staff.
- We have made a recommendation that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff.
- People felt safe while supported by the staff team who made them feel reassured. Relatives agreed with this.
- Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The registered manager had the knowledge to identify safeguarding concerns and to act on these appropriately.
- The service assessed risks to the health and wellbeing of people who use the service and staff. Where risks were identified action was taken to reduce the risk where possible.
- People received care that was designed to meet their individual needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were treated with respect, and their privacy and dignity were promoted. People felt the staff supported them in the way they wanted. Staff were responsive to the needs of the people and enabled them to improve and maintain their independence with personal care.
- Staff felt the registered manager was approachable and considerate. They had good communication, worked well together and supported each other. The registered manager praised the staff team for their hard work and appreciated their contribution to ensure people received the best care and support.
- Recruitment processes were in place to make sure, as far as possible, people were protected from staff being employed who were not suitable.
- The staff monitored people's health and wellbeing and took appropriate action when required to address concerns.

- People's right to confidentiality was protected and their diversity needs were identified and incorporated into their support plans where applicable.

Rating at last inspection: At the last inspection the service was rated Good in all the domains (Report was published 05 October 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Enforcement: Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risk profile and ensures we are able to schedule the next inspection accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

INCA Nursing Agency and INCA Domiciliary Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and was announced. An expert by experience made telephone calls to interview people or their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: The Independent Nursing and Care Agency (INCA) is a domiciliary care agency providing care and support to mostly older people who live in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the registered manager 48 hours' prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

We visited the office location on 11 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

- Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.
- We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.
- We also contacted two community professionals for feedback and received one response.
- During the inspection we spoke with two people who use the service and five relatives. In addition, we spoke with the registered manager, the director and four members of the staff team.
- We looked at records relating to the management of the service for example:
 - four people's care plans and associated records
 - four recruitment records
 - staff training records
 - supervision, spot checks and observations
 - incident and accident records
 - quality assurance records
 - the compliments and complaints
 - policies relating to the running of the service
- Following the inspection, we asked the provider for some further information which we received. This included follow up information on survey analysis, meeting minutes and policies relating to the running of the service.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely:

- People did not always have their medicines managed safely'
- The training matrix record confirmed staff had received training in handling medicines.
- The National Institute of Clinical Excellence (NICE) states that social care providers should ensure staff, "have an annual review of their knowledge, skills and competencies." However, we found the staff had not always had their knowledge, skills or competency suitably reviewed in line with clinical guidance, to ensure they were able to administer medication safely.
- We asked the registered manager about the competency checks. They could not provide us with further documented evidence the staff had been assessed as competent to administer medicines.
- Medicines administration record (MAR) sheets were not always completed correctly by the staff administering the medicines. We found gaps in four MAR sheets. We showed the gaps in the MAR sheets so they would be aware of it.
- The registered manager said they did not have an audit process in place to monitor and record medicine management and identify any issues. They could not assure us the staff administered all the medicine according to MAR sheets.

The failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse:

- People felt safe in their homes and liked the staff who supported them. Relatives agreed they felt their family members were safe with staff.
- The registered manager understood their responsibilities in regards to safeguarding people who use the service and reporting concerns to external professionals accordingly.
- Staff knew how to recognise abuse and protect people from the risk of abuse. They were able to explain what actions to take if they felt people were at risk including to contact the outside organisations.
- Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management:

- The registered manager and senior staff assessed the risks to people's personal safety and put plans in place to minimise these risks.
- Risk management plans had guidance to ensure risk mitigation so that people continued to receive safe

and effective support.

- People's support plans had information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs and the support they required.
- The service carried out an environment risk assessment of the person's home to ensure the person, and staff were safe while carrying on the regulated activity.
- The service had business continuity plans to ensure the service could continue in the event of an emergency.
- There was an on-call system in place for staff should they need help and advice and staff confirmed this.

Staffing and recruitment:

- The registered manager had recruitment procedures in place to ensure suitable staff were employed. Additionally, value-based interviews were designed to establish if candidates had the appropriate attitude and principles.
- The registered manager determined the number of care packages according to the needs of the people using the service and staff numbers.
- The registered manager allocated the same staff to the same people as much as possible to ensure there was a continuity in meeting people's needs.
- The registered manager and the director oversaw the weekly rota using an online system that helped identify visits that needed staff allocation. They also looked at staff capacity and how many care packages could be taken on.
- People and relatives were informed of late visits most of the time.
- The staff confirmed they had time to visit and support people and helped each other to cover absences. Where needed, the registered manager also covered absences and staff, people and relatives confirmed this. People and relatives confirmed staff took time to support and care for them appropriately without rushing.

Preventing and controlling infection:

- Staff were provided with and used personal protective equipment to prevent the spread of infection. People and relatives confirmed this and said staff wore the protective equipment while supporting them.
- Staff were trained in infection control and followed the provider's policies and procedures on this.

Learning lessons when things go wrong:

- There was a system for recording accidents and incidents. The registered manager said if something happened it would be on the agenda to discuss it within the team and think of ways to prevent it.
- The registered manager took on board the queries and some issues we raised during our inspection, and addressed them promptly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- People and relatives spoke positively about staff and told us they were knowledgeable, skilled and able to meet their needs.
- The service provided training in topics they considered mandatory, such as administration of medication, moving and handling, safeguarding and first aid. We noted to the registered manager some staff had undertaken training courses within the last 18 months. The future dates were booked to refresh their training. The registered manager said they worked alongside the staff to ensure they were providing safe care and support through regular assessments during the visits. They would also receive direct feedback from the people or relatives whilst working.
- We recommend the provider brings the staff training provision in line with the current best practice guidance on ongoing training for social care staff.
- Staff induction was in line with the requirements of the Care Certificate developed by Skills for Care. The Care Certificate is a set of 15 standards that new health and social care workers need to complete during their induction period.
- People and relatives confirmed they were introduced to a new staff member who would come with the registered manager or other experienced staff.
- One professional said, "[The registered manager] works closely with her team to ensure they are trained and supported effectively."
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- Staff had supervisions (one to one meetings) with their line manager. They said the registered manager regularly worked alongside to observe their practice. Once a year, staff had a formal appraisal of their performance over the previous 12 months.
- Staff felt they could contact the registered manager at any time to discuss various topics or ask for advice.
- The registered manager and staff regularly kept in touch with each other which helped them work well as a team. They felt their good communication ensured people received good care and support.

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

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting these individual needs.
- People's care plans clearly described how they wished to be supported with physical and emotional needs, as well as, personal likes, preferences and their social interests.
- People received care and support they needed which supported their cultural identities and preferences at the time specified in the care plan.

- People and relatives spoke positively about staff and told us they were skilled and able to meet their needs.
- We received complimentary comments from people and relatives about the support they received. They said, "Yes, they really are good at looking after me", "There's four or five regular staff and they all seem to know what they are doing" and "Staff are very dedicated, they do a very good job, and all of them are very caring. I'm very happy so is my [relative]."

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

- People were supported with their meals and drinks as part of their care package. Where someone needed help with eating or encouragement with drinking and having a balanced diet, guidance would be provided to staff.
- Where people were not eating well staff would highlight that to the person's relative, the registered manager or a senior member of staff and advice would be sought from a health professional if necessary.

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

- The registered manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- People's changing needs were monitored appropriately to ensure their health needs were responded to promptly. People were referred to various health professionals in good time to address any health or changing needs issues. The care for people's health and wellbeing was organised well.

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

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 demonstrated a good understanding of mental capacity considerations ensuring people could make their own decisions. It was evident people were involved in their care and support. Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support.
- However, we noted to the registered manager some consent forms were signed by the family members and it was not clear if they had a legal right to do so. The registered manager assured us this matter would be reviewed to ensure and evidence people's consent was sought and recorded in line with the MCA legal framework.
- People and relatives agreed staff respected people's wishes and sought consent before helping them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager placed importance on ensuring continuous support to people from regular staff. People and staff knew each other well and had well established relationships.
- The registered manager and staff regularly checked during the visits people were happy with their support and listened to any issues or questions.
- People felt they were treated with compassion and kindness by the staff team and the registered manager.
- Staff delivered care and support that was caring and person-centred and which had a positive effect on people.
- People and relatives said, "[Staff are] good, kind and caring...some go over and above just a little bit for me. They take time to chat and listen", "Some are very nice and chatty... Yes, we have a laugh" and "They are kind, caring, very homely and very considerate. They know where everything is. They use their initiative... I give them ten out of ten."
- Staff understood the importance of treating people respectfully. They said, "Always speak to them in a polite manner, never hostile. Take their values into consideration and always make their needs a priority", "Respect their values and speak to them politely, listen to them carefully" and "I would talk to them as I would like to be spoken to."
- People's care was not rushed, enabling staff to spend quality time with them. People and relatives felt staff took their time to complete all the tasks and provide the support that was needed.

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

- People and those important to them were encouraged and involved in making sure they received the care and support they wanted.
- Staff knew people's individual communication skills, abilities and preferences.
- People's records included detailed information about their personal circumstances and how they wished to be supported. Staff used this information to learn about people and engage with them in decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence:

- People agreed staff respected their dignity and privacy, and made them feel comfortable at all times.
- People and relatives felt the staff helped people maintain their independence by supporting them with daily tasks as necessary. One person said, "They'll make sure that I've got everything that I want. I wash myself mostly." Relatives added, "Oh yes, they encourage [relative]. They get [relative] up walking and all the rest of it" and "Yes, they do. They make [relative] do his exercise and encourage [relative] to do more."

- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an important aspect of their lives.
- Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office.
- Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family members with people's permission.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received individualised care and support they needed which supported their cultural identities and preferences at the time specified in the support plan. People continued to have their needs assessed after they started using the service.

- Information had been sought from the person, their relatives and other professionals involved in their care. This information was then used to compile the plan of care and support plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. Staff recorded care and support provided at each visit.

- The information recorded helped staff monitor their health and welfare, responding to any changes and enabling them to make timely referrals to appropriate professionals.

- People and relatives were involved in the care planning process. The service was flexible to adjust to people's needs when necessary.

- People's changing needs were monitored and the package of care adjusted to meet those needs if necessary.

- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. There was some guidance in communicating with people in a manner they could understand. We discussed the five steps of AIS with the registered manager to ensure all information presented was in a format people would be able to receive and understand.

Improving care quality in response to complaints or concerns:

- Complaints and concerns were taken seriously and used as an opportunity to improve the service and identify any trends.

- The registered manager passed compliments to the staff to let them know their work was appreciated.

- People and their relatives felt they could approach the registered manager or one of the staff if they had any issues.

- The staff felt they could approach the registered manager with any concerns should they needed to and it would be addressed promptly.

One professional said, "[The registered manager] and her team work well. Staff retention remains very positive, this in turns ensures client's needs are met. Detailed care plans are all in place, which are reflective to the client's needs and requests."

End of life care and support:

- At the time of our inspection there was no one receiving end of life care. However, if needed, the service

was able to assess and set up a care package for someone needing that kind of support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service.
- The registered manager did not always use the provider's quality assurance system to ensure and evidence that they had reviewed the service provision to identify any issues. The registered manager did not record any audits of medicine administration record sheets and people's daily notes to ensure any errors were identified in a timely way and addressed with staff.
- We asked to see evidence of any other audits, spot checks and staff competency records. The registered manager told us they observed staff and the way they worked. However, they did not record any of this information and could not evidence to us they carried out these checks.
- The registered manager could not evidence they used the quality systems at all times to identify any trends, and oversee and improve the quality of the service where necessary.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not maintain accurate, complete and contemporaneous records so they could assess, monitor and improve the quality and the safety of the service provided. The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team and staff ensured people were looked after well and able to live their lives the way they chose. People and relatives said, "The registered manager is very responsive and she would listen. I don't need to contact her. What I get is very good", "I can call [the registered manager]. If carers have issues, they tell her and she calls us to inform" and "Yes, I've met [the registered manager]. She's very, very good, she's very hands on and doesn't mind hard work. She'll always step in and cover staff."
- The registered manager provided clear direction for the staff to ensure they provided an effective and safe service.
- The registered manager had an open-door policy and welcomed any feedback of how to maintain a good service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager and the staff team were motivated and interested in promoting people's

wellbeing, safety, and security.

- The registered manager and the provider understood their responsibilities under the Duty of Candour regulation and would follow it whenever it applied.
- People received a service from staff who worked in an open and friendly culture.
- The registered manager encouraged staff to provide people with care and support they wanted.
- Staff said the registered manager was accessible and approachable and dealt effectively with any concerns they raised. They said, "I'm very happy here. [The registered manager] is good and I have no worries", "I think it is so well run, nothing is too much trouble for the manager; she is always on the end of the phone and is always prepared to help" and "[The service] is very good. The registered manager is always available if needed, e.g. when in new situations and she is asking if I am comfortable and regularly checks in and does reviews."
- The registered manager praised their staff team saying, "The staff team had been a long time here and they enjoy being here. They are very kind, caring and supportive staff. People say the same thing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care:

- The registered manager carried out surveys to seek feedback including conducting quality assurance surveys to gain the views of people and relatives. The registered manager had drawn up an action plan to address any issues identified from the survey.
- The registered manager held staff team meetings to ensure all staff team members were aware of any issues, actions to take and pass on positive feedback. The staff team also discussed topics on a regular basis such as any changes in people's needs or care, best practice and other important information related to the service.

Working in partnership with others:

- The registered manager had established partnership working in the service and with outside organisations. There were examples provided where external health and social care professionals had been consulted or kept up to date with developments.
- The service had positive relationships and regular contact with professionals including occupational therapists, the local authority, social services, community nurses and GPs.
- The registered manager used professionals' feedback to improve the service. One professional said, "[The registered manager] is well known in the area and will work alongside other professionals effectively to make sure her clients and staff are well supported and cared for."

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>How the regulation was not being met</p> <p>The registered person had not made sure that care and treatment was provided in a safe way for service users. The registered person had not ensured the proper and safe management of medicines.</p> <p>Regulation 12 (1)(2)(g)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person did not maintain accurate, complete and contemporaneous records for quality assurance purposes. The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 17(1) (2)(a-f)</p> |