

The Nurse International Ltd

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## Inspection report

202 Deykin Avenue  
Birmingham  
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Date of inspection visit:  
28 June 2022  
04 July 2022

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Nurse International Limited is a domiciliary care service providing personal care to people who live in their own homes. The service is registered to support people with a variety of needs including dementia, learning disability and physical disabilities. At the time of the inspection the service was supporting one person.

### People's experience of using this service and what we found

Systems and records needed to be formalised and implemented to demonstrate how the quality of the service was monitored. Formal systems needed to be put in place to show how staff performance was monitored and how staff were supported in their role. Records needed to be improved to ensure they were detailed and covered all potential risks and reflected the tasks people needed support with.

People were supported by staff that understood their individual needs and had been trained and understood how to protect people from abuse. Systems were in place to reduce the risk of infection.

People received a consistent and reliable service from staff who were described as caring, friendly and supportive. Staff felt supported in their role. Relatives told us they were happy with the service provided, and they knew who to contact if they had any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection - This service was registered with us on 29 September 2015 but did not provide a regulated activity to people in the community until May 2019 and this was the first inspection.

### Why we inspected

This was a planned inspection.

### Enforcement

We have identified breaches in relation to the lack of formalised quality assurance systems in place to monitor the service being provided.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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** ●

# The Nurse International Ltd

## Detailed findings

### Background to this inspection

#### The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 28 June 2022 and ended on 06 July 2022. We visited the office location on 28 June 2022. Telephone calls were undertaken to relatives and staff on 04 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with one relative of the person supported by this service. We also spoke with two staff, the acting manager and the provider who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included the persons care records. We looked at three staff files in relation to recruitment, supervision and training. We also looked at records that related to the management and quality assurance 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.

This is the first inspection for this registered service. This key question has been rated requires improvement. This meant 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.

### Staffing and recruitment

- Robust recruitment checks were not completed when staff commenced employment.
- We reviewed three staff files and found gaps in their employment history which had not been explored. It was not clear from the reference provided for one staff member, who the referee worked for or what their job role was.
- All staff had a Disclosure and Barring Service (DBS) disclosure check completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

- Risk assessments had been completed but these required more detail to ensure they covered all required risks and actions for staff to take when supporting the person. For example, the moving and handling risk assessment did not provide staff with actions to take if the person accessed the stairs and how to maintain their safety.
- An environment risk assessment had been completed but did not consider all environmental factors. For example, if a smoke alarm had been fitted in the property where the person was being supported.
- A relative told us, staff were aware of the risks associated with supporting their loved one and confirmed staff followed their guidance.
- Discussions with staff demonstrated their knowledge about the risks to people's safety. A staff member said, "I have been told about these [relative] is very good and ensures we know everything. I know I have to supervise [person] when walking because of the risks."

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

- A relative told us, "[Person] is safe the staff are good and keep [person] safe and I am here just in case there are any issues."
- People were supported by staff that had been trained in safeguarding. Staff we spoke with understood what to do to make sure people were protected from harm or abuse. A staff member told us, "If I had any concerns, I would report these to the provider."

### Using medicines safely

- Staff did not support people with their medicines. Information about the medicine's people were prescribed was included in care records for reference, but it was clear this was not a task staff supported the person with.

- Discussions with the provider demonstrated staff would complete medicines training and have their competency assessed prior to administering medicines to people to ensure safe practices were followed.

#### Preventing and controlling infection

- A relative told us staff wore protective personal equipment (PPE) such as masks, and when needed gloves and aprons to prevent the spread of infections such as COVID-19. This was in accordance with government guidelines.
- Staff confirmed, and records showed staff completed infection control training as part of their induction.

#### Learning lessons when things go wrong

- The provider advised there had not been any incidents or accidents and if any occurred these would be recorded and monitored for any patterns and trends.
- During this inspection process the provider told us they had learnt lessons to ensure records were completed to demonstrate how they maintained oversight of the service.



# 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.

This is the first inspection for this registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Formal systems had not been implemented to demonstrate how staff were supported in their role. For example, there were no records of staff supervisions, competency assessments or spot checks that had been undertaken to ensure staff were supported and competent in their role.
- The provider told us they had completed observations and had discussions with staff, but no formal records had been completed. This was confirmed by the staff we spoke with.
- Staff told us, and records confirmed induction training had been provided when they had first commenced their role. The induction training was aligned with the Care Certificate standards. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's needs were assessed prior to the service being delivered. A relative told us, "I was involved in the assessment and provided information and still do to make sure [relative] needs are met, and staff have the information they need."
- Although a care plan was formed from the assessment it was not clear from the information what tasks staff should support the person with. The care plan also lacked information relating to the person's routine. Whilst the care plan did not detail this information, staff we spoke with know the person, their routine and how to support them, as this information had been shared with them by the person's relative.
- People's care plans and risk assessments reflected individual needs and considered people's protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, age, culture, religion, sexuality, ethnicity and disability.
- People's care plans also contained information about their preferences, such as the gender of the staff they wanted to support them, and the language staff needed to be able to speak to aid communication with people. The service was able to support these preferences.

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

- A relative told us staff supported their loved one with food and drinks as required. They said, "I prepare all the food, so staff just have to support [person] to have this. They give drinks and I tell them what [person] likes and I prepare these and put it in the fridge for staff to give when needed."
- Staff told us they always supported people when needed and as directed by their relatives. Staff knew what specific cutlery and equipment to use when supporting people.

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

- A relative told us they arranged all healthcare appointments for their loved one. They said, "I arrange and take [person] to all appointments and sort them out. If there is anything the staff need to know I will share this with them. Staff know if there are issues with [person] due to their medical needs to come and call me. They know what to look out for."
- The provider told us if needed they would work alongside other agencies and health professionals in order to meet people's specific needs.
- Discussions with staff confirmed they knew what action to take in case of an emergency. For example, to call a GP or if necessary, an ambulance.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- A relative confirmed staff sought the consent of their loved one before providing support. They told us, "Staff always explain what they are doing and never force [person] to do anything."
- Staff confirmed they had completed MCA training as part of their induction and records confirmed this. Staff had a basic understanding of the MCA and how this related to seeking consent before supporting people.

# 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.

This is the first inspection for this registered service. This key question has been rated good. This meant 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

- A relative we spoke with told us staff treated both them and the person supported with respect. The relative told us, "The staff are lovely, kind and respectful at all times. I am happy with the support they provide. They send the staff I requested to meet our preferences."
- Staff understood their roles in ensuring people received caring and respectful support. A staff member said, "I think about how I would want to be treated and this is how I support people."
- Staff received training in equality and diversity and care plans contained information about people's backgrounds and preferences.

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

- A relative we spoke with confirmed they were involved in the daily provision of their loved one's care. The relative said, "I am very much involved and speak with the staff, so they know what is needed, they help me with all the tasks I need them to."
- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to respond to the communication needs of people.

Respecting and promoting people's privacy, dignity and independence

- A relative we spoke with told us staff provided support in a dignified way. The relative said, "The staff are polite and when they assist me with providing personal care they maintain [person] dignity and privacy. The staff supervise [person] so they can freely wonder around the house and garden and maintain their independence."
- Staff gave us examples of how they maintained people's dignity and privacy when providing personal care such as ensuring their bodies were covered. Staff also discussed the importance of people maintaining some independence where possible to do things for themselves.

# Is the service responsive?

## Our findings

This is the first inspection for this registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A relative we spoke with confirmed the support provided met their loved ones needs and preferences. The relative confirmed a care plan was in place.
- A relative told us, "I am very happy with the support we receive it is good. The staff come when I need them to and the service is very flexible and meets my needs."
- Care plans reviewed included personalised information about what was important to people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- A relative confirmed staff communicated in accordance with their preferences. A relative said, "Our first language is not English, so I requested for staff who were able to communicate in our primary language, which they have so this meets our needs." I do not need the care plan to be made available in an alternative language I am satisfied with it being in English."
- Information about how people communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs. Information was also recorded within people's support plans.
- The provider understood their responsibility to comply with the AIS and the importance of communication. The Registered manager told us information could be made available in alternative languages or easy read if required.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. The provider confirmed no complaints had been received since they had started supporting people.
- A relative we spoke with told us, "I have no concerns at all, if I did, I would speak to the manager or provider to ensure they were addressed."

End of life care and support

- The service did not support anyone who required end of life support. We saw this had been considered as part of the assessment process.

# 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.

This is the first inspection for this registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were no formalised quality assurance systems in place to demonstrate how the provider was maintaining oversight of the service, to ensure people's needs were being safely met.
- There were no recorded audits of the care records, daily records, recruitment files or staff support systems to check the quality, and to identify the shortfalls we found.
- There was a lack of formal processes to support the shadowing opportunities for new staff and to demonstrate how their competencies had been assessed in tasks such as moving and handling.
- Formalised records and systems were not in place to demonstrate the ongoing support, contact and feedback sought from people, relatives and staff.

Systems and processes were not formalised and used to maintain oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new manager had been appointed and was being supported by the provider to undertake training for their role. The provider told us in the interim they would be applying to become the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- A relative we spoke with told us their feedback was consistently requested verbally about the care provided to their loved one. The relative said, "The provider visits us often and asks how the service is going and if there are any issues. They [provider] observes the staff supporting [person] and how [person] responds to this. [Person] gets on well with staff and smiles when they arrive. I am happy with the service provided."
- Staff we spoke with told us they felt supported in their role. A staff member said, "I enjoy my work and the provider is approachable and always contactable if needed."
- The provider told us they worked in partnership with relatives to ensure people's needs were met. They hoped to expand the business soon and looked forward to working with various agencies such as the local authority and healthcare professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet the requirements of this regulation in response to any future incidents.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective governance systems were not in place to monitor and improve the quality and safety of the service provided.