

# Interserve Healthcare Limited

## Strand Nurses Bureau

### Inspection report

Brettenham House  
1 Lancaster Place  
London  
WC2E 7RN  
Tel: 020 7836 6396  
www.strandnursesbureau.com

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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	

### Overall summary

The inspection took place on 27, 28 and 31 July 2015 and was announced. We gave 72 hours' notice of the inspection to make sure the staff we needed to speak with were available at the location.

Strand Nurses Bureau is a domiciliary care service which provides nursing care and personal care services to people living in their own homes. At the time of our inspection there were 30 people using the service, including five children.

There was a registered manager at the service. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and trusted the nursing and care staff. There were systems in place to protect people from harm and keep them safe, which included written guidance for staff and safeguarding training. Staff were aware of the provider's procedures for reporting any safeguarding concerns.

# Summary of findings

Assessments were carried out by the branch nurse consultants to identify people's nursing care and/or personal care needs. Risk assessments had been developed to promote people's safety and minimise the identified risks, although one risk assessment needed to be updated in order to accurately reflect the care delivered.

People and their relatives told us they received a reliable and punctual service. There were contingency staffing arrangements in place to cover staff absences and robust procedures were followed for staff recruitment.

People were pleased with the support they received with their medicines. Staff received medicines training and systems were in place to check that medicine was administered as directed by the prescriber.

Nursing and care staff were provided with appropriate training to meet people's needs. They received support and guidance from the management team, which comprised the registered manager and three branch nurse consultants. Nursing and care staff met regularly with their designated branch nurse consultant in order to discuss people's needs and how they were being met.

Staff understood the Mental Capacity Act (MCA) 2005 and were aware of the need to consider whether people had capacity. People told us they were provided with information about their care and asked for their consent.

People told us they liked their nursing and care staff and said they were treated in a kind and respectful manner. They said that staff were respectful and ensured their dignity and privacy.

People were invited to contribute to the planning of their care and asked for their views as part of the reviewing process.

People confirmed they had been given a copy of the provider's complaints policy and said they felt any complaints would be responded to in an open and thorough way.

People told us they found the management team approachable and there were systems in place to monitor the quality of the service.

# 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 was safe.

People felt safe and trusted staff. Staff had received safeguarding training and the provider had procedures for safeguarding adults and children.

Risk assessments and risk management plans were in place to identify and mitigate risks to people's safety and/or well-being.

There were sufficient staff to ensure that people usually received care and support from staff they were familiar with, who had been safely recruited.

People's medicines were safely managed and administered.

Good



### Is the service effective?

The service was effective.

Staff received training, support, supervision and appraisal. The training programme took into account the needs of people using the service.

People had consented to their care and treatment.

Care plans demonstrated that people's nutritional and hydration needs were assessed and the staff liaised with healthcare professionals to ensure that these needs and other healthcare needs were met.

Good



### Is the service caring?

The service was effective.

Staff received training, support, supervision and appraisal. The training programme took into account the needs of people using the service.

People had consented to their care and treatment.

Care plans demonstrated that people's nutritional and hydration needs were assessed and the staff liaised with healthcare professionals to ensure that these needs and other healthcare needs were met.

Good



### Is the service responsive?

The service was responsive.

Assessments were conducted by senior staff, which took into account any assessments from external healthcare and social care professionals.

Staff were aware of people's care and support needs, and their individual wishes, preferences and interests. This enabled staff to deliver a personalised service.

People were provided with written information about how to make a complaint. People and their relatives told us they thought any complaints would be properly investigated by the provider.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

People and their relatives told us they thought the service was well managed, and the management team was approachable and efficient.

Staff told us they felt very well supported by the branch nurse consultants and the registered manager.

The registered manager and the branch nurse consultants conducted regular checks and audits to monitor and develop the service. Additional checks were carried out by the senior management team.

Good



# Strand Nurses Bureau

## 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.

The inspection took place on 27, 28 and 31 July 2015 and was announced. We told the provider three days before our visit that we would be coming. This was because the registered manager and other senior staff are sometimes away from the office location visiting people who use the service and supporting the nursing and care staff; we needed to be sure that someone would be available. The inspection team consisted of two inspectors.

Before the inspection visit we read the information we held about the service. This included the previous inspection

report, which showed that the service met the regulations we inspected on 20 September 2013. We also checked statutory notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law.

As part of the inspection we spoke with two people who used the service and the relatives of four other people. During the inspection we met the registered manager, two branch nurse consultants, one support worker and a care co-ordinator. We spoke by telephone with one nurse. We looked at records including four care plans, four staff recruitment and training files, the complaints log and policies for safeguarding people, administering medicines and whistleblowing.

We contacted healthcare and social care professionals with knowledge about the service and received comments from one professional.

# Is the service safe?

## Our findings

People and their relatives said they felt safe with nursing and care staff. One relative said, “They send staff that are very trustworthy, we have no concerns at all.”

Staff told us they received regular safeguarding training, which we saw from the training records. They described different types of abuse and the signs they would observe for that might indicate that a person was being abused or was at risk of abuse. Staff told us they were familiar with the provider's policies and procedures and would report their concerns to their line manager.

There were appropriate arrangements in place to protect people from the risk of financial abuse. Staff obtained receipts if they needed to assist people with shopping or financial transactions when supporting them to access community resources, which were audited by the management team to check for any discrepancies.

Staff were aware of how to use the provider's whistleblowing policy if they had any concerns about the service and they understood how to report accidents and incidents.

People's files showed that risk assessments were carried out for each person and they were updated as required. The risk assessments were written by the branch nurse consultants and they addressed a variety of people's health care and personal care needs, such as moving and positioning, risk of malnutrition and dehydration, and risk of falls. We noted that a risk management plan had been devised for a person at risk of developing pressure sores; however, there was no guidance in regard to how frequently they needed support to change their position. We spoke with a branch nurse consultant who told us the person's needs had recently changed and arrangements were in place the following day for a reassessment of their needs. Other written and verbal information indicated that the person was being supported by staff to regularly change their position.

Environmental risk assessments were conducted within people's homes, to check for any obstacles or hazards that could place people and staff at risk. This demonstrated the provider took appropriate actions to reduce the risk of accidents and incidents during the delivery of people's care and support.

Staff files showed that recruitment was carried out in a robust manner. A minimum of two references were obtained and their authenticity was verified. There were also criminal record checks, evidence of staff's entitlement to work in the UK, proof of identity and address, and any gaps in people's employment history were explored. We noted that the provider checked and recorded that each registered nurse had a valid annual registration with the Nursing and Midwifery Council (NMC).

Most people told us they thought there were sufficient numbers of staff available to ensure they received safe care when their regular nurse or member of the care staff was on authorised leave. The registered manager explained how the provider regularly recruited new staff with appropriate experience and training to meet the needs of people currently using the service. For example, some people had been using the service for up to 20 years, which meant the provider could recruit staff with the skills to meet their specific needs.

People told us they were happy with the support provided by staff for administering medicines. The management of people's medicines needs were written in their care plans and staff were well informed about the medicines they supported people to take. Records showed staff received medicines training and we saw that medicine administration records (MAR) charts were checked by the branch nurse consultants during quality monitoring visits or when the completed charts were sent to the office.

Most people and their relatives told us they had confidence in the out of hours' service, which operated evenings, overnight and weekends. One person said, “Sometimes you get the odd niggle, but the out of hours people are very good.” The out of hours team operated from another location and had access to computerised information about people and their needs, although we received a comment that this information did not always appear to be up-to-date. The registered manager told us that he or a member of his management team were on-call if an issue arose that the out of hours' team felt needed more input. The out of hours service was also used by staff to report any concerns if they were at work outside of business hours' and to alert the provider if they could not turn up for a shift due to sickness or other circumstances. This showed the provider had a system in place to respond as promptly as possible to potential safety and staffing issues.

# Is the service effective?

## Our findings

People and their relatives spoke favourably about the care and support provided by nursing and care staff. One relative told us, “It’s brilliant. The staff are lovely, very professional. They are very on the ball with things” and another relative said, “My [family member] is exceptionally well treated, undoubtedly. We have had an established team of nurses coming for years now.” People said they were either involved in making decisions about their own care or they contributed to the care planning for a family member.

The training records showed that staff received appropriate training to carry out their roles and responsibilities. One staff member told us they were pleased with the quality of their training, which had included safeguarding adults, infection control, moving and positioning, administering medicines, and health and safety. There was an induction course for new staff to make sure they understood the provider’s policies and procedures. Staff told us that they were always properly introduced to a person before they started providing nursing and or/personal care. A nurse told us that they had received training about a person’s needs from a branch nurse consultant and shadowed another nurse for a few shifts, before working independently at the person’s home.

We saw that staff received training to meet people’s specific needs, for example, training to support people meet their nutritional needs via a Percutaneous Endoscopic Gastrostomy (PEG). PEG is a medical procedure in which a tube is passed into a person’s stomach through the abdominal wall and is most commonly used to provide a means of feeding and possibly administering medicines. The branch nurse consultants told us they carried out checks on staff competencies, which were recorded in staff files. This showed appropriate measures were in place to ensure staff had the correct training and competence for the delivery of specific clinical and personal care duties, in order to provide effective care that met people’s individualised needs.

Staff told us they felt well supported by their line managers. One member of staff told us, “I meet with my manager at least once every three months for one-to-one supervision, but I can get support at team meetings and review meetings or ring my manager to talk about a concern.” Another member of staff described their supervision and

annual appraisal as being “very helpful”. They told us, “I can ask about any concerns, discuss any issues about my clients and talk about what training I need.” Records showed that staff received regular supervisions and most staff had received their annual appraisal at the time of the inspection.

People told us staff sought their consent before providing care and support. We found that some people had signed their own care plans. One care plan had been signed by a person’s relative, although we were told the person had capacity. The registered manager explained why the person instructed another person to sign on their behalf although there was no written explanation about this choice within their file. The registered manager informed us that he would rectify this, to ensure it was clear that the person verbally consented to their care. The registered manager told us that no adults using the service at the time of the inspection lacked capacity. The registered manager was aware of the need to refer people to the local authority for assessment under the Mental Capacity Act 2005 (MCA) if they appeared to lack capacity and a family member or friend did not have a Lasting Power of Attorney for health and welfare. He told us that the branch nurse consultants had established relationships with people, their families and relevant external health and social care professionals and they would initially discuss any emerging concerns about a person lacking capacity with their relatives, if applicable. Staff told us they had attended training about MCA and Deprivation of Liberty Safeguards (DoLS) and completed workbooks. These measures showed that the provider was taking steps to ensure that people’s rights were being upheld as required by MCA.

One person told us that their relative was sensitively supported with eating and drinking.

Care plans showed that people’s nutritional and hydrations needs were identified when they began using the service, and were kept under review. The branch care consultants provided examples of when they needed to liaise with people using the service and their chosen representatives, and external professionals such as dietitians and speech and language therapists. One person’s showed that staff monitored their weight and reported any concerns, as part of their agreed care plan.

The branch nurse consultants told us the service provided care and support for people and children with complex healthcare needs. We found that the care plans were

## Is the service effective?

detailed about people's healthcare needs and gave straightforward information about how to meet these needs. One person's file showed staff liaised with the person's district nurse in order to report a healthcare

problem. Care plans showed that staff could support people to attend healthcare appointments if required and contact details of people's medical and healthcare practitioners were recorded in their files.

# Is the service caring?

## Our findings

All of the people we spoke with told us the staff were caring. A relative said, “They offer care very nicely” and another relative said, “They are 100% respectful.” The results of the provider’s own survey showed there was a high level of satisfaction regarding the conduct and approach of staff.

People told us that the staff understood how to meet their needs and provided a personalised service that promoted their dignity and privacy. Some people told us they had large care packages, including 24 hour care. They told us the presence of one or two nurses or care staff for long shifts within a family home had the potential to feel disruptive and uncomfortable, but they did not experience this with their regularly assigned staff. One person said the provider attempted to match individual staff with people and their family carers, so that a more relaxed atmosphere could be achieved. A staff member told us they enjoyed music and provided care for a person with similar musical interests who liked to be supported to attend concerts.

People’s own wishes about how they wanted to receive their care were recorded in their care plans. One person told us they were actively involved with community

responsibilities and the nursing and care staff fitted in with their schedule. A branch nurse consultant showed us a care plan which stated that a person and their relative wanted to spend time together privately, which was respected by staff.

The care plans were very detailed and included information about people’s current or former occupation, social interests, life history, family, and cultural and religious needs. This enabled staff to support people in a meaningful way that recognised their individuality. For example, one care plan described how a person wished to be supported with their personal hygiene, hair care and dressing. The information about the person’s talents and interests demonstrated why this was particularly important for their wellbeing.

The branch nurse consultants told us they had particularly focused upon individualised care planning and had emphasised the need for staff to use respectful, positive and encouraging terminology when updating care plans and recording daily notes. Staff told us they enjoyed having opportunities to work closely with people for years and build up relationships. One staff member told us, “I joined 14 years ago and I have been very happy. We can provide a personalised service.”

# Is the service responsive?

## Our findings

People and relatives said that staff were knowledgeable about their needs, wishes and preferences. The branch nurse consultants explained that some new people using the service had prior assessments conducted by their funding authorities, which was usually their local Clinical Commissioning Group (CCG) or social services. Records within people's files showed that the branch nurse consultants then carried out their own assessments and developed care plans. We saw emails and other correspondence which showed that the provider liaised with funding authorities in order to discuss any significant changes nurses and care staff had observed in regards to people's health and wellbeing. This demonstrated that the provider took appropriate steps to make sure important information was shared so that people's care and support needs were kept under review. Some people directly approached the provider for care and support, which they self-funded. Their care and support needs were assessed by the branch nurse consultants. If required, they sought people's consent to seek further information from their GPs, community nurses and other relevant professionals involved. This showed the provider took steps to gather comprehensive knowledge about people's needs

People told us they had regular contact from staff at the provider's office. One relative told us their family member had complex and fluctuating needs and they found it useful to speak frequently with their assigned branch nurse consultant. People's care files showed they were regularly contacted by the branch nurse consultants by telephone and they received visits. The frequency of visits by the branch nurse consultants varied in accordance to people's needs and circumstances, but were at least every three months or more often if necessary. The provider carried out monthly formal review meetings at the office, which were attended by the registered manager, the three branch nurse consultants and regional clinical advisors and managers. Documented discussions took place in regards

to the needs of each person using the service and decisions were made, for example, whether the person needed a care planning review meeting or if people and their relatives, if applicable, needed to request assessments from community professionals such as occupational therapists. This demonstrated the provider had systems in place to ensure that people's changing healthcare needs were understood and responded to.

People told us the provider was flexible and responsive to requests for change. For example, one relative said they had asked for the times of visits to be altered on some occasions to fit in with family social events and this had been arranged smoothly and efficiently.

We looked at daily records sheets, which were collected from people's homes by the branch nurse consultants. We noted that the information written by staff was detailed and it demonstrated that people's care and support was being delivered in accordance to their agreed care plans. The branch nurse consultants told us they read through the daily logs to check upon the quality of care and they checked upon other documents gathered from people's homes, for example fluid balance and positioning charts.

People using the service and relatives told us they were aware of how to make a complaint and confirmed they had been provided with a booklet containing guidance about how to make a complaint. None of the people we spoke with had ever made a complaint and they expressed their confidence that any complaints would be properly dealt with. We looked at the complaints received by the service since the last inspection visit. We saw complaints were ordinarily investigated within the agreed timescales unless more time was needed, for example if people who needed to be interviewed were away on leave. In these circumstances the registered manager wrote to complainants to explain why additional time was required. The complaints were analysed and where necessary, actions were taken to demonstrate that the provider had learnt from the outcome of their investigation.

# Is the service well-led?

## Our findings

People and relatives told us they thought the service was well managed. Comments included, “We think it’s a good agency” and “The registered manager is approachable and helpful.” A healthcare professional told us they did not have any concerns with the quality of the service and how it was managed.

The registered manager told us he received managerial support from a senior manager and he could also access clinical support from clinical advisors employed by the provider.

The registered manager was supported by a staff team, which included the three branch nurse consultants, care co-ordinators and administrators. The registered manager told us he felt able to focus on the overall management of the service as the team structure ensured that staff had clearly defined roles and responsibilities. The three branch nurse consultants each managed a team of nurses and care staff, which specialised in different areas of care. For example, there was a team which solely provided care and support for adults with complex needs and another team

provided paediatric care. The two nurse branch consultants we met during the inspection told us about their clinical qualifications and experience, which matched the needs of people using the service.

We looked at the minutes for team meetings held at the office, which showed that the registered manager kept staff informed of relevant developments and listened to their views. The branch nurse consultants and nursing and care staff told us it was difficult to organise staff meetings because some staff either provided live-in care or worked long shifts at people’s homes. One staff member told us their line manager organised smaller meetings for staff who were all employed to support the same person, so there were opportunities to discuss general and specific professional matters.

The provider sent out questionnaires to people and their families and used their feedback to develop the service. We looked at the most recent surveys for 2014 and noted that people were predominantly very pleased with the quality of their care. The provider also audited incidents and accidents, complaints and comments in order to identify any significant trends. We were shown audits for care plans, risk assessments and medicine administration charts.