

Nursing Care Personnel Ltd

# Nursing Care Personnel Ltd

## 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

Nursing Care Personnel Ltd provides domiciliary and live in care services to people with a range of needs including dementia and physical health conditions. At the time of inspection, the service was providing personal care to 30 people. The majority of people supported were in receipt of end of life care.

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

People and their relatives felt the care provided was safe and risks were managed appropriately. However, risk assessments did not always provide staff with enough information. Staff told us that where records were lacking, they were able to seek advice and support from the registered manager, who was always available. Staff had received training which enabled them to administer medicine safely. However, more information needed to be documented in care plans, especially in relation to "as required" medicines, such as pain relief. People were supported by a consistent team of care staff, but recruitment records required more detail. Staff had received training in infection control practices and had access to enough personal protective equipment (PPE).

Before care commenced the registered manager completed assessments to ensure people's needs could be met by Nursing Care Personnel Limited. Care plans were developed from these assessments. Care plans were variable in quality and in terms of the level of detail documented with regards to people's preferences. However, people's relatives confirmed that staff were knowledgeable, kind and caring and ensured care was provided in line with their loved ones wishes. Staff received training and support to carry out their roles effectively, although competency assessments had not been completed during the COVID-19 pandemic.

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. Relatives praised the caring nature of the staff team, who treated their loved one's with dignity and respect. Relatives knew how to raise concerns with the management team and were confident any issues would be resolved immediately and to their satisfaction.

The provider was committed to providing a high standard of care to the people they supported. People, relatives and staff spoke very highly of the registered manager and told us they were always available and supportive. However, quality assurance and governance systems were yet to be embedded at the service. This meant areas for improvement were not always identified, actioned and documented.

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 15 October 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# Nursing Care Personnel 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 Care Act 2014.

#### Inspection team

One inspector completed this inspection.

#### Service and service type

Nursing Care Personnel is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. 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 service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 April 2021 and ended on 30 April 2021. We visited the office location on 20 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local safeguarding team. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the registered manager, seven care staff and ten relatives of people who use the service.

We reviewed a range of records. This included three people's care and medicines records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including training data and other quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



# 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 newly 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.

### Assessing risk, safety monitoring and management

- Risks relating to people's care were assessed prior to commencement of support. Risk assessments were in place, but these were very brief and did not always contain adequate information for staff. Identified risks often did not have a corresponding management plan, for example, where people had bed rails in place or were at risk of falls. In addition, where risks were managed in conjunction with other professionals, the full details were not always documented. For example, one relative told us that their loved one had a compromised swallow and required a modified diet. When we checked the person's care plan, although swallow strategies were in place, there was no indication of who had provided this guidance. The care plan also explained that fluids were to be thickened but the amount of thickener to be used was not documented.
- The registered manager explained that, due to the nature of the service, they would often start supporting people at short notice and for short periods of time. This meant that they only had a limited period of time to put plans in place and relied on information handed over by the commissioning authority. However, we found risk assessments for people who had been supported for a longer period of time, also required development.
- Staff were knowledgeable about people's needs and potential risks. They told us that where records were lacking, they received verbal guidance and support from the Registered Manager.
- Relatives told us staff were attentive and continually monitored people's safety and wellbeing, where risks were identified. For example, whilst information documented in care plans regarding skin breakdown was often brief, relatives told us staff provided the necessary support. One relative told us, "[name] is bedbound now. They are inspected every day and turned from side to side. They are on top of it." Another relative told us, "They check [name]'s skin; they oil their skin every day and they have just spotted a small red lesion, so they contacted the nurse and she came straight away and put a plaster on and stopped it."

### Using medicines safely

- Staff had received training to administer people's medicines safely. Systems were in place to safely order, manage and store medicines. Where medicines were administered by staff, Medicines Administration Records (MARs) were completed. The registered manager checked these were completed accurately at the end of each month.
- Staff competency to administer medicines had not been assessed since the start of the COVID-19 pandemic. The registered manager explained that staff were able to contact her if they had any concerns and feedback was sought from people and their relatives, to ensure they were satisfied with staff performance. However, this system was dependent on staff themselves identifying where they may require support and relative's being aware of good practice. During the inspection, the registered manager

acknowledged that they needed to consider how they could safely re-introduce competency assessments.

- Whilst staff were knowledgeable regarding people's individual requirements, there was not always sufficient information documented within the medicines section of people's care plans. For example, one person required some of his medicines to be crushed. The registered manager explained that the GP and pharmacist had been consulted but this was not documented in the care plan and no written instructions had been provided for staff. Therefore, we could not be assured that the provider had made sure that it was safe to administer the medicines in that way.
- Guidelines were not in place for "as required" (PRN) medicines, such as pain relief. Brief notes were documented on the MAR to direct staff the medicine was to be given on a PRN basis but did not always document what the medicine was for, what signs and symptoms staff should look out for (if the person was unable to communicate verbally) and how frequently the medicine could be given/maximum dosage in a 24 hour period. In one example, a care plan viewed stated that a controlled drug (opioid pain relief) should be given prior to moving the person. No further details were provided. This meant that the medicines may not be given as the prescriber intended.

#### Staffing and recruitment

- Staff and relatives told us that there were enough staff to meet people's needs. Different types of support were provided by the agency, including staff providing 24 hour cover (long days/nights), live-in care and waking nights. The registered manager explained that they would only support additional people if they were certain staff were available to cover the shifts. They also ensure that they have additional staff available to cover in the event of illness or absence.
- Relatives told us that their loved ones were usually supported by a consistent team of carers. They valued this, as it allowed them to build a positive working relationship with the staff. Staff were also positive about this and one staff member told us, "I very much like that the company tries to provide a continuity of care by keeping the same staff with the service user. This allows for trust to be built up so the person receiving care can feel well cared for by someone who knows them well."
- Recruitment checks were completed prior to staff starting work at the service, including a criminal records check. References were obtained, however, in some instances, only one written reference was on file. The registered manager explained that it was policy to obtain two references, however, sometimes these were given verbally. These verbal conversations were not documented.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems and processes in place to safeguarding people from harm or abuse. Staff told us they knew how to recognise abuse and protect people from the risk of abuse. Staff received safeguarding training and knew how to report concerns both internally and externally.
- Staff and management understood their responsibilities to safeguard people from abuse. Where incidents occurred, these were reported to the registered manager who took immediate action to safeguard people.
- Staff felt comfortable reporting any concerns to the registered manager and knew they would be listened to. One staff member told us, "Concerns and reports are taken seriously. I also have feedback about actions taken." Staff told us that lessons learnt were shared with them in individual discussions and team meetings. However, investigations, actions taken, and lessons learnt were not consistently documented.
- Relatives told us they felt their loved ones were safe and they knew how to contact staff if needed. One relative told us they felt the service was, "Very safe, I don't have any worries at all." Where incidents had occurred, relatives told us that they were quickly resolved, and they were satisfied with the action taken.

#### Preventing and controlling infection

- The provider had appropriate procedures in place for infection prevention and control. Staff confirmed that they had access to sufficient supplies of personal protective equipment (PPE). This included gloves,



masks and aprons.

- Infection control training was completed by staff. The registered manager confirmed that COVID-19 testing was completed, in line with government guidance.
- Relatives were positive about infection control measures taken by staff. One relative told us "They're very good, they wear masks, wash their hands, use anti-bac and they have got gloves and aprons'. Another said, "The bungalow is kept in tip top condition."

# 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 newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to using the service. The registered manager explained that often they were asked to support people, with short notice. Initial assessments were received from the commissioning authority and the service also completed its own assessment, to identify people's preferences. These assessments formed the basis of people's care plans and risk assessments.
- Staff explained that prior to supporting someone for the first time, they could access people's care plans via a secure system. They would then have the opportunity to speak with the registered manager to ask any questions and confirm arrangements.

Staff support: induction, training, skills and experience

- Staff provided us with mixed feedback regarding the induction they received upon starting work with the company. One staff member told us, "I did not have an induction but thoroughly talked through my client with my manager. I feel confident to work unsupervised." The registered manager told us that during the COVID-19 pandemic, inductions had been less formal, but they ensured staff were supported via virtual means. Another staff member told us they would have liked to have had more opportunities to shadow more experienced members of staff.
- Staff received training in key areas, including safeguarding, moving and handling, medication and the Mental Capacity Act. Staff were expected to complete this training prior to commencing work.
- The registered manager explained that due to COVID-19, face to face training and competency assessments had been suspended. She explained that only staff with previous experience of care had been recruited during this period, in order to manage some of the risk relating to the reduced induction and training package on offer. The registered manager told us they intended to recommence face to face training and competency assessments imminently.
- Staff told us that they did not receive regular formal supervision but had a lot of informal contact with the registered manager. One staff member told us, "I have a good manager, she answers all concerns. I can call anytime."

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

- Relatives told us that where people needed assistance or prompting to eat or drink, staff supported them in a safe and effective manner. One relative told us "It's excellent care, they sit with [person] and make sure they don't choke." Another relative told us, "They know to keep [name] hydrated, so whenever they are awake, they give them a drink."
- Staff were knowledgeable about people's dietary needs and any special requirements.

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

- The registered manager and the staff team worked well with external professionals to ensure people's healthcare needs were met. They worked particularly closely with the local district nursing team, to ensure people received good end of life care.
- Relatives told us care was provided in a timely manner and staff were responsive to people's needs. One relative told us, "[name] took a turn for the worse yesterday and was admitted to hospital. The carer went to hospital with her and kept us informed...She has gone the extra mile."

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.

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. We checked whether the service was working within the principles of the MCA.

- The registered manager provided us with evidence that people and/or their legal representatives had consented to assessment under local fast track commissioning arrangements. This documented included an assessment of capacity, where appropriate and details of any Power of Attorney or Court Appointed Deputy. However, we did not see documented evidence that people had consented to the care package put in place by Nursing Care Personnel. Nevertheless, people's relatives told us that they were happy with the care provided and that people had choice and control over their care.
- Staff had training and understood the principles of the Mental Capacity Act and how to put this into practice.

# 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 newly 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

- Staff had a good understanding of the people they supported and spoke of their support needs in a sensitive manner. One staff member told us, "You have to have the ability to see a person for who they are without judgement and to empathise with their background and upbringing and other factors that have shaped them as people."
- Relatives were positive about the care provided. One relative told us, "The live-in carer is fantastic. They are loving, caring and cannot be faulted. We are so reassured as a family that the live-in carer is there." Another relative told us, "I can go to bed quite happy knowing mum is going to be well cared for that night. It's wonderful."
- People's diverse needs were respected, including people's religious and spiritual needs. One relative stated, "[Name] is quite religious, so it's been comforting that the lady she sent in has been Christian and the other night they prayed together."
- Relatives told us that staff were kind and thoughtful. For example, one relative told us about a staff member who brought flowers and sweets on their loved one's birthday. Another relative told us, "Dad had a coughing fit today, they made him honey and lemon. Its heartfelt, it's like Dad is their Dad."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Relatives told us that staff took the time to involve people in decisions about their care. One relative told us, "They ask [relative]'s opinions about everything...He always has control."
- Staff promoted people's independence as far as possible. One staff member told us, "I try not to assume when a person needs support but to offer before they start to struggle. This ideally keeps people as independent as possible but maintains their dignity and self-respect."
- Staff understood the importance of maintaining people's privacy and dignity. One relative told us, "I notice when they give her a bed bath in the morning, they cover her with a towel and do bit at a time, keeping her covered as much as they can." Another relative told us, "If people come around to see her, they give her privacy, they close the door and go and do jobs. They are very respectful of privacy."
- Staff made sure that people's information was kept secure. One staff member told us, "I don't leave personal documents laying around and place them away securely. I don't discuss personal clients care plans or other relevant information outside of the company."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly 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

- Relatives told us that their loved one's received care that was planned with them, to meet their individual needs and preferences. However, the care plans we viewed were basic and lacked guidance for staff regarding how they could provide support in a person-centred way. Care needs were identified but there was a lack of detail about how care should be provided, and these needs met. Staff told us that they felt more information would be beneficial. One staff member told us that sometimes care plans "were not accurate. There were too many discrepancies in the information given and the actual needs of the service user."
- The registered manager explained that in some instances, this was because support for people was requested at short notice or the period of time the care was provided, was short. In these instances, staff were encouraged to speak with the person and their relatives to establish the specifics about how they preferred care to be provided. One staff member told us, "I ask the family and the client what their personal preferences are and get to know the routines they like to stick to. This is just guidance on the care plan so communication is key with regards to how a client wishes to receive care."
- Relatives were not always aware that there was a care plan in place. However, feedback was consistently positive regarding the quality of care provided. One relative told us, "Staff sit and have a chat and involve themselves with us as well. It almost seems they are part of the family, but they will give [relative] space as well"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication preferences were briefly outlined in care plans, however, sometimes more information could have been provided, especially where people were unable to communicate verbally.
- Relatives told us that staff communicated well with their loved ones. One relative told us, "The carer tells [name], before she does things. They explain it."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The registered manager told us that whilst they had received concerns, they had been addressed immediately. This meant that none of these had progressed via the formal complaints process. A review of records confirmed this.
- People's relatives told us they knew how to raise any concerns and they were confident these would be

dealt with appropriately. One relative told us, "If there is any issue with the carer, they deal with it straight away." Another relative gave us the following example, "We had a case where the last lady got tired. I aired my concerns slightly with the manager, she assured the carer had a break. Since last Friday we've had somebody new in. It was done very swiftly and professionally."

#### End of life care and support

- Staff knew how to support people at the end of their life. The provider had received many compliments from relatives regarding the support provided to both them and their loved ones, during this time.
- The registered manager was able to give examples of where people had been supported to have a dignified death. However, people's preferences were not consistently documented in care plans. We did not see any evidence of completed advance care plans.
- Staff told us that they would like additional face to face training in this area. The registered manager told us she was considering options for this, once COVID-19 restrictions had lifted.

# 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 newly registered service. This key question has been rated Requires Improvement. This meant the service management 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.

- The registered manager had started to introduce quality assurance and auditing processes. They shared examples of medicines, infection control and complaints audits that they had completed. However, these systems were at the early stage of implementation, required some expansion (for example, to include care plans) and were yet to be fully embedded. As such, issues found at this inspection, in relation to medicines records, risk management and recruitment files had not been identified.
- Whilst care plans and risk assessments required development, the immediate risks to people were somewhat mitigated by the knowledge, skills and experience of the registered manager. People and staff explained that they were able to make contact at any time for advice and guidance. However, limited consideration had been given to business continuity in the event of the registered manager becoming incapacitated.
- Discussions with the registered manager suggested that incidents, complaints and safeguarding concerns were followed up in a satisfactory manner. They were able to verbally outline action taken following incidents and showed us evidence of communication with staff, people and relatives. However, systems were not in place to ensure all evidence was collated, actions were formally documented, and lessons learnt identified. Whilst practical steps were taken to resolve issues, for example, removing a carer from supporting a person, there was limited evidence that the reasons why an incident occurred were considered and how reoccurrence could be prevented. Furthermore, incidents were not analysed for patterns or trends, limiting management oversight of the service.
- Both the registered manager and the staff team were clear about their roles. One staff member told us that their role was to, "Deliver high quality care at the end of life. Be patient, respectful, take my time and do the work the best I can."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were regularly asked for feedback about the service. We saw evidence that the registered manager conducted quality monitoring calls with both people and staff. People and their relatives also had the opportunity to complete feedback survey's. Where concerns were raised or suggestions made, the registered manager was keen to make changes and improve and this was confirmed by both staff and relatives. However, this information was not collated and analysed for themes or trends.
- Staff felt that they were listened to and able to make suggestions. One member of staff told us, "One thing

I love about the management at Nursing Care Personnel, is that my manager is able to assess a situation and even if she did not first mention the suggestion, she can implement an idea that wasn't her own. Some managers cannot do this, it has to be their way even if it's not the best way."

- Team meetings took place every three months. Some staff told us they would have preferred them to take place more frequently. The registered manager told us that a recording of the meeting and training slides were sent to those who were unable to attend.
- Relatives felt fully engaged with the service and praised how they were communicated with and kept involved. One relative told us, "Since they've been there they have gone over and beyond. They contact me regularly and contact the district nurses, they go above."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Staff were very positive about the support they received from the registered manager. One staff member told us, "I feel supported in my role and I think it is because of how helpful the manager is. She takes all my questions and concerns seriously, never leaves me without an answer. Very supportive."
- Relatives also told us they were happy with the service received and felt that the team was managed well. One relative told us, "I think [manager] is really switched on and on the ball, very, very good indeed."
- The management team had a clear understanding about duty of candour and told us they encouraged staff to be open and honest.

Working in partnership with others

- The service worked in partnership with health and social care professionals.
- The service also worked well in partnership with family carers. One relative told us, "If I message her [registered manger] whatever time of day or night she answers back immediately. She is always there and has an answer."