

NYS Nursing Agency Ltd

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Inspection report

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Ratings

Overall rating for this service

Not sufficient evidence to rate



Is the service safe?

Not sufficient evidence to rate



Is the service effective?

Not sufficient evidence to rate



Is the service caring?

Not sufficient evidence to rate



Is the service responsive?

Not sufficient evidence to rate



Is the service well-led?

Not sufficient evidence to rate



Overall summary

This inspection took place on 26 June 2015 and was announced. We informed the provider that a comprehensive inspection had been scheduled 48 hours before we visited to ensure that we could gain access to the information we needed to look at.

NYS Nursing Agency is a domiciliary care agency providing practical and personal care to people in the

Preston and surrounding areas. At the time of the inspection there was one person who had recently accessed the service and was being provided one hour of personal care daily.

NYS Nursing Agency registered to provide personal care and treatment of disease, disorder or injury in August 2013. Since registration the provider has had two people access the service for domiciliary care services.

Summary of findings

We were assisted throughout the inspection by the registered manager who is also the owner of NYS Nursing Agency.

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.

This was the first inspection of NYS Nursing Agency since its registration with the Commission in August 2013.

At the time of the inspection, the service had not become fully operational and as such, we were unable to speak with anyone who had used it. However, we were able to discuss the plans in place to deliver the service in accordance with the fundamental standards of the Health and Social Care Act 2008 with the registered manager.

During this inspection we looked at how the provider intended to develop the service and we looked at processes for responding to safeguarding concerns and

complaints. We inspected the service's recruitment and staff training procedures and discussed with the provider how standards of service provision would be monitored.

We were unable to gather sufficient evidence to support a robust judgement and provide a rating for the service. The one registered client did not wish to engage with the inspection process, therefore we were unable to report on peoples experience of the service provided.

We found that the service needed to develop areas such as recruitment, staff training and support for workers to ensure that home care provision was specific to individuals needs within a domiciliary setting. We have made a recommendation in respect of recruitment and supporting staff.

NYS Nursing Agency also provides nurses and care workers to care home and hospital settings. We did not inspect this division of the service, it does not fall within inspection regulations of the Health and Social Care Act 2008. However, we found that the provider did not have specific induction and training procedures in place to clearly define staff roles and responsibilities when working within domiciliary care.

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?

There was not sufficient evidence to rate.

The provider had policies in place to protect people from avoidable harm, neglect, abuse and improper treatment.

Staff understood safeguarding principles.

The provider had systems in place to report accidents and incidents.

Not sufficient evidence to rate



Is the service effective?

There was not sufficient evidence to rate.

The provider had policies in place to guide workers in relation to nutrition and hydration, mental capacity, deprivation of liberty safeguards and supporting people with healthcare needs.

We looked at staff training and found that the provider had not clearly defined what training staff would be provided when working in a domiciliary care setting. We found that the induction process was not specific for the type of care staff were required to provide in people's own homes.

Staff had not received regular supervision.

Not sufficient evidence to rate



Is the service caring?

There was not sufficient evidence to rate.

We were not able to engage with the person using the service to gain feedback about people's experiences of the care provided.

We asked the provider if any surveys or experience feedback had been collated and this was not available.

Not sufficient evidence to rate



Is the service responsive?

There was not sufficient evidence to rate.

The provider had policies in place for person centred care planning, risk assessment, pre-admission assessment and on-going assessment of people's needs and preferences.

We were not able to engage with the person using the service to gain feedback about people's experience of the care provided.

Not sufficient evidence to rate



Is the service well-led?

There was not sufficient evidence to rate.

Not sufficient evidence to rate



Summary of findings

We found that the provider had provisions in place to quality monitor the domiciliary service, however to date these systems had not been fully implemented due to only one person recently being registered for care services.

The provider continually monitored public interest in the service and maintained advertising with the community. The provider told us that they expect the business to develop within the next 12 months.

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Detailed findings

Background to this inspection

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

This inspection took place on 26 June 2015 and was announced.

The inspection was undertaken by one adult social care inspector.

Prior to this inspection we looked at all the information we held about this service. We reviewed the report from when the service was registered with the Care Quality Commission in August 2013 and we received feedback from social work professionals and commissioners within Lancashire County Council.

At the time of our inspection of this location there was one person who used the service. This person did not wish to engage with the inspection process and we were assured that they had not raised any concerns regarding the service being provided for them.

We were not able to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. Therefore, we felt that we could not gather sufficient, robust evidence to make a judgement and award a rating to the service during this inspection.

We looked at one person's needs assessment record, however, their full care file was based at their home and we were not granted access to this information.

We spoke with five care workers, the provider and officer manager during the course of our inspection.

We also looked at a wide range of records. These included; the personnel records of three staff members, a variety of policies and procedures, training records and quality monitoring systems.

Is the service safe?

Our findings

We looked at systems that were in place to protect people from bullying, harassment, avoidable harm and abuse. We found the provider had a comprehensive policy and procedure in place and staff we spoke with showed understanding of safeguarding principles.

We were informed of a safeguarding incident prior to the inspection. This was investigated by Lancashire County Council and unsubstantiated. The provider was aware of the concern and explained how they had reviewed the person's care and support.

We looked at an assessment undertaken for one person before the agency agreed to provide their domiciliary care package and found that safety checks and risk assessments were undertaken.

The provider had systems in place for reporting accidents and incidents. These records had not been used, however we found that staff were aware of how to report an incident.

We looked at recruitment processes. We found that employees were asked to undertake checks prior to employment to ensure that they were not a risk to

vulnerable people. We looked at three staff recruitment records and found that disclosure and barring service checks (DBS) had been undertaken prior to their employment. We found that pre-employment referencing was not robust. The provider agreed that authenticity of referencing was an area requiring improvement. We have made a recommendation about this.

The provider told us that staff working on the domiciliary service were not specifically employed for that role. Staff are currently working between domiciliary care and nursing agency roles. The provider agreed that clarity in staff roles and responsibilities was an area requiring development to ensure that staff understand limitations and expectations of each role.

We were not able to fully assess medicines management at the service. We found that the provider had a policy and procedure for safe administration of medicines and staff training was provided.

We recommend that the provider ensures that pre-employment references are clearly dated and proof of authenticity is obtained. This will ensure that staff employed are suitable for their role and responsibilities.

Is the service effective?

Our findings

We saw that the agency enrolled new starters onto an induction programme for 12 weeks (The Care Certificate). We asked the provider how they differentiate care worker roles when they work between domiciliary care, care home and hospital settings. The provider told us that a specific domiciliary care induction is not available, however this was something that they were willing to consider.

We looked at training records and found that staff had obtained mandatory training as specified in the providers policies and procedures. For example, safeguarding, moving and handling, fire safety and food hygiene. However, staff had not been recruited to the role as domiciliary care worker and therefore their job description did not include related roles and responsibilities. The provider explained that they expect to recruit care workers for specifically domiciliary care work, once the service has expanded.

We looked at staff supervision procedures and found that the provider had not achieved time scales as specified in the related policy. We looked at three staff records and found significant gaps in supervision records. We have made a recommendation about this.

We spoke with five care workers who told us that they felt supported. They told us; "The manager is approachable, I can always go to him for support"; "If I am unsure I ask" And; "Yes I feel very supported. Once I had to call to tell my boss about an incident at a care home, he was very supportive and helped me".

The provider showed us a specific policy that covered lone working. This guided staff around best practice principles to maintain their own safety and the safety of people who received care services.

The provider had a policy and procedure that covered legislation around the Mental Capacity Act 2005. We did not have an opportunity to see how this policy is adhered to in practice, due to their being insufficient evidence to analyse.

We looked at training records and did not find evidence of staff being trained in principles of the Mental Capacity Act 2005. The provider told us that this was an area the service was looking to develop. Staff had access to the policy and procedure.

We were unable to assess how people were supported to eat, drink and maintain a balanced diet, due to their being insufficient evidence to analyse. We looked at one person's needs assessment which showed their preferences and religious dietary needs. The provider told us that they are a registered nurse and will continually monitor people's care planning around health and social needs. The provider demonstrated knowledge of referral pathways for dietician and speech and language assessments.

The provider had implemented policies and procedures that covered nutrition, hydration and supporting people to maintain good health and wellbeing.

We recommend that the provider adheres to their supervision policy specifications to ensure that staff are adequately supported.

Is the service caring?

Our findings

We were unable to engage with the one person registered with the agency for domiciliary care.

The provider was unable to evidence collation of people's opinions or satisfaction surveys. Whilst the service has been operating it has only had two people register for care services and both care packages were for a short period of time.

We are unable to report on this section due to insufficient evidence.

Is the service responsive?

Our findings

We looked at a needs assessment for the one person registered for domiciliary care. The assessment was completed prior to agreement of services and it showed an adequate standard of person centred detail.

We were unable to look at any further evidence of care planning that was in place for the person.

The provider had systems in place for risk assessment and care planning which were based around the service's policies and procedures. We saw assessments for the risk of pressure sores, malnutrition, mobility and falls.

We asked to look at complaints and compliments. The provider told us they had not received any complaints, and compliments had not been recorded. The provider showed us systems in place for acknowledging complaints.

We looked at the service user guide and this detailed how people can contact the provider to raise compliments and complaints.

NYS Nursing and Homecare Agency has a philosophy of care that stipulates that it "aims to provide person-centred care and support for people who cannot support themselves in certain aspects of their life, in their own homes, at times convenient to them, and in ways they find most agreeable".

We were unable to ascertain if this was how people who used the service perceived the care and support provided.

Is the service well-led?

Our findings

There was a registered manager who was also the company's director.

The registered manager assisted the inspection process and showed joint working with external professionals.

The registered manager demonstrated knowledge of incidents that require notification to the Care Quality Commission and explained that they were aware of limitations within their registration with 'The Commission'.

We were unable to gather feedback from people who use, or have used the service. However the provider assured us that they had not received any complaints.

We looked at the provider's statement of purpose and found the service had a caring ethos with its main values being: privacy, dignity, independence, security, civil rights, choice, fulfilment and diversity.

We looked at the provider's policies and procedures and found that they had multiple systems in place to assist and guide workers; around best practice, safety and effective care.

We asked to look at quality assurance systems. The provider explained that they had not fully implemented such systems due to a slow up take of clientel. However the provider was fully involved in the person's care package and demonstrated how they checked care records and engaged with the person on a regular basis. We have made a recommendation about this.

We spoke with five staff members who all gave positive feedback about the leadership and management at the service. We also spoke with a social worker who told us that the manager was co-operative and transparent in their way of working.

The provider continually monitored public interest in the service and maintained advertising with the community. The provider told us that they expect the business to develop within the next 12 months.

We recommend that that provider records their assurance checks to enable an audit trail which would evidence how the service monitors its quality assurance.