

Ross Nursing Services Limited

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## Inspection report

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13 October 2017

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 5, 12 and 13 October 2017. The inspection was announced. The agency was last inspected in July 2015 and was found to be outstanding in caring and good overall. At this inspection we found that the service had maintained its good rating and continued to be outstanding in caring.

Ross Nursing Agency provides personal care to peoples in their own homes. At the time of the inspection they were supporting 70 people. This was a family run business and there was a registered manager in post who was the daughter of the previous manager and the provider. 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.

We found this to be a well run service. There was a good organisation and deployment of staff which meant that people received care from a consistent team who were reliable. There were sufficient staff to respond to people's changing needs and any emergencies. There were robust systems in place to ensure that staff were properly recruited. Once in post staff were trained and their practice observed to check that they were working to the required standards. Specialist training was provided to ensure that staff had the skills to meet peoples individual health needs. Staff monitored people's needs and sought advice from health professionals appropriately.

People were supported to have maximum choice and control of their lives. Staff knew people well and the care provided was person centred. Staff were kind and compassionate and provided people with care and companionship. People told us that care staff went beyond what would normally be expected and provided a highly individualised service.

Support was underpinned by detailed and informative care plans which were regularly reviewed. The agency communicated well with individuals and their relatives to ensure that the support was responsive to people's needs. There was a complaints procedure and any concerns raised were dealt with in an open and transparent way.

The registered manager provided clear leadership and was well known to and assessable to people using the service and staff. People told us that the office team were helpful and proactive in responding to issues. There were quality assurance systems in place to monitor the quality of care which included seeking the views of people who used the service. Since the last inspection there had been a number of new initiatives and the registered manager had a plan to drive continued improvement at the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Outstanding.	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Ross Nursing Services Limited

## **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 checked 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 was a comprehensive inspection and it took place between 5 October and 13 October 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, and their expertise was in the care of older people.

Prior to the inspection we reviewed information we held about the provider, in particular notifications about incidents and accidents. A notification is information about important events which the service is required to send us by law.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

As part of the inspection we visited three people at home and spoke to them about their experience of the agency. We spoke to a further three people who used the service by telephone and four relatives. We interviewed five care staff and four members of the office team. We spoke with two health professionals about their views of the service.

We reviewed a range of documents and records, including care records for people who used the service, three staff recruitment files, complaints records, audits, outcome of questionnaires, accidents and incident records.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People and their relatives told us that they felt safe and had confidence in the care staff. One person told us, "I don't have any worries. I have the same carers who know me and I am entirely safe." A relative told us, "I have no concerns with the care at all. They are definitely safe and they have given us peace of mind because of their very high standards. The staff are the same familiar faces which is particularly important for [my relative]. They have got to know them well. They are always on time and totally reliable in the provision of the meals and medication."

Staff were clear about the safeguarding processes and told us that they would not hesitate to report any concerns. We saw that they had undertaken safeguarding training and staff described how it had covered areas such as domestic abuse and whistleblowing. They were clear about the systems to follow and outlined how they would use body maps to record any concerns. There were plans in place to manage risks to people which set out the steps that staff should take to mitigate risks and reduce the likelihood of harm. For example we saw risk assessments for moving and handling which set out how to assist people, how to roll them safely and use the equipment provided. Most of these were very detailed but we did draw the registered manager's attention to one which would have benefited from more detail which they agreed to immediately action.

Incidents and accidents were recorded and reviewed by the registered manager. There were plans in place to cover emergencies. Staff told us that the agency took safety seriously and had recently introduced torches at people's homes for staff to use entering and leaving people's homes.

All the people we spoke with told us that there was sufficient staff available to support them and that they were reliable. One relative told us, "We have no concerns whatsoever; staff arrive on time and stay their full time." We saw that the agency made efforts to ensure consistency of care for people and tried where possible to provide regular carers. There were arrangements in place to respond to out of hour's calls which ensured that any concerns were addressed and changes responded to promptly. There were clear recruitment procedures in place to check on people's suitability for the role. This included checking people's employment history, identity checks and disclosure and barring checks.

Medicines were managed safely. We looked at a sample of medication administration records (MAR) which staff signed to evidence that people had received their medicines and saw that this corresponded with what people had been prescribed. Staff told us that they received medication training and their practice was observed to ensure that they were competent. We observed one person being administered their medication and saw that this was undertaken in line with their care plan. Responsibilities for returning unused medicines to the pharmacy were documented but it was agreed that the risk assessment for one individual would be reviewed to ensure that it fully addressed the risks and how to minimise them. MAR sheets were sent to the office on a regular basis for review and to identify any shortfalls in recording.

Staff told us that they had training on infection control and good access to personal protective equipment (PPE). We observed staff handwashing between tasks and after removing PPE.

## Is the service effective?

### Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People told us that they were supported by staff who had been trained and were able to meet their needs. One person told us, "The staff use their initiative and the care covers everything that I need and when it is the same carers then they know what I like and need. They encourage my independence and allow me to ask when I need their help." A relative told us, "The care given is entirely safe and their moving and handling is good. They give the medications on time and have never let us down. If there are new staff then they work shadow shifts first."

There was a comprehensive induction process for new staff which included training and shadowing more experienced staff until staff felt comfortable to work independently. New staff were also supported to complete the care certificate which is a national initiative to develop staff skills and ensure competency. One member of staff told us that they were, "eased in gently to the role."

Staff told us that they were supported to access training in areas such as moving and handling, first aid, dementia and end of life care. Additional training was provided to staff who were supporting individuals with specific health needs. The registered manager maintained a training matrix to oversee training and ensure that staff received regular updates. Staff were supported to access additional qualifications such as the qualification and credit framework (QCF).

Staff told us that they received regular supervisions and spot checks to ensure they had the skills and knowledge required to meet people's needs. This was confirmed by records of observations on staff files.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that staff had received training in the MCA and all of the staff we spoke with understood how to apply the principles of the act in practice. For example in how they gave people choices and ascertained their consent before providing care.

People were supported to eat and drink and maintain a balanced diet. We observed staff supporting people with their lunch as part of our inspection and saw that people were offered choices and appropriately supported. Where concerns were identified records were maintained of people's food and fluids to ensure closer monitoring. We saw that one relative had written to the agency, "Just to let you know that [my relative] has put on 3lbs. This is amazing news and it's far better than we ever expected. Please thank all the carers for their work in giving the meals, snacks and added extras. It's working."



People were supported to access health care. One person told us, "They have been brilliant with my relatives care needs. For example there have been times where [my relative] has needed 111 advice or a GP and they have responded promptly. They have been very, very good. They are an excellent company."

As part of the inspection we spoke with health professionals who spoke highly of the care, one told us, "When calling the office there is always someone there to discuss anything that needs to be discussed, and the person in the office is generally well abreast of the problem.....My experience with Ross Nursing staff is that they are generally well trained, able to cope with the unexpected, and very committed to giving the best care they can with their clients."

## Is the service caring?

### Our findings

At this inspection people continued to speak very highly of the service, they were very complimentary of the staff and felt well cared for. Staff continued to develop excellent relationships with people and went above what would normally be expected. The rating continues to be Outstanding.

People received consistent timely care and support from staff who understood their needs. People were supported by familiar care staff with whom they had built strong relationships with. We observed that people greeted staff warmly and affectionately. One person told us, "The girls are all lovely and make time to sit with me. They listen. Yesterday I wasn't feeling too good and I told them and today the first thing my carer asked was if I was feeling better today. They treat me as a friend." Another person told us, "I like them and they have all become like friends and will drop in for a cup of tea when they are passing. It is a unique relationship but it is of great value to me. I enjoy sharing time with them." Where there were changes in carers, we saw that the agency did all it could to reduce the impact for people, such as employing a carer for one shift each week to ensure continuity.

Staff knew the people they were supporting as individuals and were able to tell us about their preferences and personal history. They spoke positively about people and knew what people enjoyed and what was important to them. Staff understood people's needs and as a result of knowing people well they were able to anticipate changes in people and recognised if they were distressed or unwell. We saw examples of staff going out at night and undertaking additional visits to check on people's wellbeing. Where necessary staff stayed with people, on one occasion up to seven hours until assistance arrived. Where people were anxious about going to hospital or declined personal care, the staff were proactive in engaging with them, providing reassurance and comfort to achieve a positive outcome. One family member had written to the agency in praise of the care staff, "We were completely overwhelmed by their kindness, compassion, skill and empathy. The care provided was exemplary and without exception. [My relative] loved and appreciated each and every visit...we felt hugely supported. It was a very fortunate day when Ross Nursing entered our lives."

Staff confirmed that they were able to give people the time they needed and that the agency and the office staff were highly responsive to changes in people's needs. They told us that where people were unwell and they needed to spend extra time with them, this was facilitated by the office staff who would rearrange their calls to enable them to do so. People described the support they received from staff as "going the extra mile" and intuitive to their needs. A relative told us, "They have heart in their care; they are always willing to go the extra mile. They will take time to listen and understand and cheer [my relative] up when they are sad. They are so caring." Health professionals we spoke with spoke highly of the agency and told us that people were cared for well and that the agency achieved good results referring to the excellent continuity of care.

Staff were highly motivated and were proud to work for the agency. They told us that they were well supported and felt appreciated. They described the agency as having a strong person centred culture with a focus on care that was compassionate and kind. Staff were committed and we saw a number of examples of staff volunteering to undertake tasks in their own time because they felt it was the right thing to do, from taking some people a daily newspaper to taking one person to a social event that was important to them.

People were involved and consulted in how their care was delivered and enabled to retain as much control as possible. One person for example told us that they were unsure about being supported by one of the care staff but the agency listened and this member of staff did not return. A relative told us, "They know [my relative] well and their personal preferences too. They did offer them a male carer once, which they wouldn't have liked and the staff completely respected their decision." We saw from the care plans we viewed that people were consulted and their preferences clearly documented such as what they liked to be called. Care plans documented how best to communicate with people to enable them to fully contribute, for example, 'Carers to stand when talking on [x] right side due to their vision.' People were encouraged to maintain their independence and we observed staff offering encouragement and giving the person the time they needed to complete the task themselves. One person was observed being supported to do their exercises with laughter and positivity.

People told us that they were treated with dignity and respect, one person told us, "I have a friendship with them all and the care is very good. I am entirely satisfied. They treat me with respect." A relative told us "Staff are always respectful and [my relative] sees them as friends calling round which really helps." We observed staff being respectful and attentive, checking with people before they left to make sure that they had all they needed or if there was anything else they wanted them to do. Care plans emphasised the importance of respect and privacy, providing reminders to staff of what was important to the individual.

People, relatives and staff were able to provide feedback about the service to the provider through surveys, the results of which were collated. We saw that people provided positive feedback about the support that they received and where suggestions made they were collated into an action plan with clear timescales for action. One of the areas that had been identified was how to access the complaints procedure and as a result the procedures were reviewed, updated and sent out to people using the service.

## Is the service responsive?

### Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

People's needs were assessed before they started to use the service and office staff told us that the agency only agreed to provide the support if they were confident that they had the availability to do so. Information collated during the assessment was used to develop a care plan and the care manager who completed the care plan attended on the first care call, along with the carer to ensure that information was clear and the transition worked well. The care plans we viewed were detailed and up to date and provided information on people's preferences and how they wished care to be provided. Staff told us that they were provided with the care plan in advance and that it was a helpful, "step by step guide." We saw that the carers knew people well and heard a carer talk to one person about their family and recent social events. They assisted another individual with their meal and they said to them, "You like your plate warmed," and did so before placing the food on the plate.

A relative told us, "The care plan was worked out with us and the registered manager at the beginning and it is very detailed and thorough." Another person told us, "There is a care plan here and it has everything that we need in it and is reviewed on a regular basis. If we had any issues then I am sure the office would do what they could to help."

We saw that when people's needs changed the plans were reviewed and if required a meeting set up with relevant parties to discuss how best to support the individual. Visiting professionals and family members told us that their communication with the agency was positive and they were kept up to date with people changing needs.

Complaints and concerns were well managed. There was a complaints procedure in place and the registered manager told us that this had recently been updated. People and their relatives knew how to complain. A relative told us, "I have never had any need to complain but I would feel comfortable doing so if I needed to." Another person said, "I have not needed to complain but they actively encourage feedback so I would feel comfortable doing so."

We looked at the records of complaints and saw that any concerns raised were investigated and if shortfalls found action taken and apologies given.

# Is the service well-led?

## Our findings

At this inspection we found that the agency continued to be consistently well managed. There was a clear vision for the delivery of care and good oversight arrangements. The service continues to be rated as Good.

The service had a registered manager who was well known to the people living in the service, staff and visiting health professionals. The registered manager was supported by an office team which included an area manager, training manager and care director. There were clear on call arrangements to respond to any issues which occurred outside office hours.

The registered manager was committed to providing a high standard of care and there were systems in place to underpin the care delivery and ensure that people received a good service. Recent initiatives included the introduction of value based recruitment, the registered manager told us, "We start with values and attitudes" when employing staff and then provide the training to ensure that they have the skills and knowledge they need. The registered manager told us that agency was not currently providing a service to children but was aware of its responsibilities including specific DBS checks should they do so in the future.

People and their relatives told us that that the agency was well managed and they would not hesitate to recommend it to others. One person told us, "The office are approachable and very accommodating. We are sent an annual survey to ask our opinions. There are a number of good things about this company. I know the manager which is good and we are treated like a huge family. There are no strangers and a consistent set of staff with low staff turnover, which speaks volumes. It seems a happy place to work and you see that with the carers. They treat [my relative] like a favourite [relative] and I can only give you a glowing report about them." Another person told us, "I am always recommending them to others because they are very good. I know the manager and I genuinely can't think of any area where they could improve. They really are a good agency and they have a very high standard. In fact they should be held up as an example to others as all companies should aspire to be like this one."

Staff spoke positively about the leadership of the service and told us that the registered manager and senior team were accessible and supportive. They told us that the registered manager led by example and when necessary all staff including the manager worked alongside care staff to provide care and meet people's needs.

Staff development was a key strength of the service and a good proportion of the staff were undertaking additional training. Staff knowledge was tested through exercises and observations. Staff received regular appraisals and spot checks were undertaken to check on the quality of care. Staff meetings were held on an ongoing basis.

Documentation was well organised and accessible. Incidents and other events were logged and were reviewed by the registered manager but as part of their programme of continuous improvement they told us that they were looking to change the recording system to enable data to be more easily extractable.

