

Independent Nursing Services UK Ltd

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Inspection report

10A Upper Wimpole Street
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21 November 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We conducted an inspection of Independent Nursing Services on 21 November 2017. This was our first inspection of this service since its registration on 4 October 2016. The service is registered to provide personal care to people in their own homes and also provides independent health services to people consisting of phlebotomy, infusions and injections. At the time of this inspection the service was not providing personal care to anyone using the service and therefore we have not reported on this aspect of the service.

The service had a registered manager, which 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.

Safeguarding adults from abuse procedures were in place and healthcare assistants (HCAs) understood how to safeguard patients they supported. HCAs had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Premises and equipment were clean and properly maintained. There were procedures in place to safely administer medicines to people.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. Consent forms were signed by patients prior to them receiving treatment.

Patients told us they were involved in decisions about their care and how their needs were met.

Recruitment procedures ensured that only staff who were suitable, worked within the service. Disclosure and Barring Service checks had taken place, but these had taken place approximately one year after staff had already begun working at the service. There was an induction programme for new staff, which prepared them for their role.

Patients told us they were satisfied with the level of care given by staff. They said they were given helpful and accurate explanations about the treatment and that staff listened to them.

There was a suitable procedure for the investigation and resolution of complaints.

The provider's governance framework ensured responsibilities were clear and quality performance, risks and regulatory requirements were understood and effectively managed. The provider monitored areas of their work to help them improve and learn. This included asking for the views of patients and staff.

During this inspection we found a breach of regulations in relation to the employment of fit and proper

persons. We also made a recommendation about developing supervision and appraisal records. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider did not consistently ensure staff were recruited safely. There were current DBS checks in place. However, these did not cover the full period since the provider's registration of this service.

The service had systems and processes to provide safe care and treatment.

Procedures were in place to protect patients from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

Premises and equipment were clean and properly maintained.

There were procedures in place to safely administer medicines to people.

Is the service effective?

Requires Improvement ●

Aspects of the service were not effective.

Staff received an induction, training, supervision and appraisal of their performance. However, supervision and appraisal sessions were not recorded.

The service had arrangements in place to refer patients to other healthcare professionals if needed.

The provider discussed treatment with patients so they could give informed consent and this was recorded in their records.

Is the service caring?

Good ●

The service was caring.

Patients told us they were satisfied with the level of care given by staff. They said they were given helpful and accurate explanations about the treatment and that staff listened to them.

People confirmed their privacy and dignity was respected. The layout of the premises ensured there were private areas for consultations and discussions.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they began using the service and care was planned in response to these needs.

There was a procedure in place to listen to and resolve people's complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider monitored areas of their work to help them improve and learn. This included asking for the views of patients and staff. However, these checks had not identified the issues we found in relation to supervision and appraisal records.

The provider's governance framework ensured responsibilities were clear and quality performance, risks and regulatory requirements were understood and effectively managed.

Independent Nursing Services Ltd

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 14 November 2017. The inspection was conducted by a single inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service.

We spoke with five patients using the service on the day of our inspection. We spoke with the registered manager of the service and the two Healthcare Assistants who worked at the service. We also looked at a sample of 10 people's treatment records, two staff records and records related to the management of the service.

Is the service safe?

Our findings

Patients told us they felt safe when using the service. Comments from patients included "I think this is a safe place. It's a secure building and they seem to do things by the book" and "I think they do things safely. I've never had any cause for concern." However, despite these positive comments we identified a concern in relation to the safety of care provided to patients.

Prior to our inspection we received information of concern that staff were not subject to pre-employment checks prior to starting work at the service. We found the service promoted safe recruitment practices. Staff files showed checks of employment histories, relevant written references and identification checks. There was evidence of recent checks being carried out with the Disclosure and Barring Service (DBS). The DBS provides information about people's background, including convictions in order to help employers make safer recruitment decisions. However, these checks were conducted in August 2017 after staff had already begun working at the service. We spoke with the registered manager and she was unable to provide evidence that she had conducted these checks prior to staff working at the service. Therefore we could not be assured that the provider's recruitment processes adequately protected people from staff that were unsuitable to support them

The above issues constitute a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had treatment records in place that included details of the treatment being provided, people's consent forms, registration details and details of observations taken during treatment. Patients were referred to the service from one of three doctors, two of whom rented rooms within the same building. The doctors conducted initial assessments and checks of the patients and determined their suitability for treatment. If deemed suitable, they referred the patient for treatment having explained the details of the procedure after conducting initial medical checks. The types of treatment that the service offered were infusions of either vitamins, intralipid infusions for those undergoing fertility treatment and infusions of alternative cancer therapy known as 'Mistletoe'. Treatment records indicated that appropriate initial and ongoing observational checks were conducted which included the patient's blood pressure, their pulse and temperature. Treatment records included checks of allergies and were signed by the Health Care Assistant (HCA) administering the infusion.

HCAs received emergency training as part of their initial induction and this covered what to do in the event of an accident, incident or medical emergency. HCAs told us they would contact the emergency services in the event of an accident or incident and take other appropriate action, such as informing the person's GP and their manager.

The provider's systems, processes and practices safeguarded people from abuse. The provider had a safeguarding adults and children's policy and procedure in place. Staff told us they received training in safeguarding adults as part of their induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. This included using the

providers whistle blowing policy. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. One HCA told us "There have never been any concerns here, but I would report anything that was not right."

We found medicines were administered safely to patients. HCAs were responsible for administering infusions to patients and we saw that clear, contemporaneous records were made of this. The registered manager checked all treatment records on a weekly basis to ensure these were being filled in appropriately. Medicines were checked and stored appropriately. We found these were kept in a fridge and the temperature was maintained and checked on a daily basis. We checked some of the medicines kept at the service and found these were in date.

HCAs told us they had received medicines administration and phlebotomy training and the provider's training records confirmed this. HCAs were clear about the procedures they were required to follow when administering infusions to people.

The provider had effective systems in place for the prevention and control of infection. When we spoke with HCAs they demonstrated a good level of knowledge on good infection control practices. HCAs told us "I am very careful when it comes to hand hygiene" and "We are very careful with the equipment we use. We only use injections once and keep the whole area constantly clean." Records showed staff received training on infection control.

Staff carried out infection control checks on a daily basis and we saw records of these. These included checks that surfaces within each room were disinfected and that waste was disposed of. We found the premises to be clean and tidy on the day of our inspection and there were hand soaps in place and personal protective equipment for the maintenance of good infection control.

The provider learnt and made improvements when things went wrong. There was a procedure on how to deal with accidents and incidents. This included reporting and investigating the matter and depending on the results of the investigation, the registered manager was required to take action to mitigate the risk of a reoccurrence. At the time of our inspection, there had been no accidents or incidents at the service.

Is the service effective?

Our findings

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. The registered manager confirmed that supervision sessions were held, however, written records were not kept of these. The lack of written records created a risk that HCAs were not being appropriately supported to develop. The registered manager also told us annual appraisals were supposed to be conducted of care workers' performance once they had worked at the service for one year. Care workers confirmed these were taking place and said they found them useful to their practice. However, records were also not kept of these meetings. We recommend the provider seeks advice from a reputable source about the maintenance of supervision and appraisal records.

Staff had the appropriate skills and knowledge to meet patient's needs. Patient's comments included, "You get a good service here" and "They know what they're doing and that's why I've come back. I would recommend this service." The registered manager told us and HCAs confirmed that they completed training as part of their induction as well as some ongoing training. Records confirmed that staff had completed mandatory training in various topics as part of their induction prior to starting work. These topics included first aid, infection control and safeguarding.

The service worked in co-operation with other organisations to deliver effective care and support when needed. Patients were usually referred by one of three doctors who worked with the service. Sometimes referrals were received from other doctors and we saw evidence of communications between them. The registered manager confirmed that people could be referred to other professions where needed.

People's rights were protected in line with the Mental Capacity Act 2005 (MCA). The 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.

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the MCA. Staff were able to demonstrate that they understood the issues surrounding consent. HCAs commented, "I have never come across a patient who did not have capacity to consent, but if I had any concerns I would report this to the manager" and "We always make sure that we explain the treatment and that the patient signs a consent form." The provider had a consent policy and this confirmed that written consent was supposed to be obtained prior to treatment and contained details about the MCA. Patients told us they had completed a consent form prior to their treatment.

The service kept detailed records containing information about patient's current needs, past treatment and medical histories. This information was usually provided by the referring doctor, but where necessary, the registered manager confirmed that they liaised with the doctor to obtain further details.

Is the service caring?

Our findings

Patients gave good feedback about staff. Patients told us, "They are very accommodating and kind" and "I'm very pleased with the service. The staff are very caring."

Our discussions with the registered manager and staff showed they had a good knowledge and understanding of the patients they were supporting. Staff explained the types of concerns that patients typically had and explained how they helped to allay people's fears. The HCAs told us, "Some of our patients can be nervous about getting injections, so you have to be sensitive to this and make sure you are explaining everything you are going to do" and "I always try to talk to patients to put them at their ease. Some of our patients are already going through other difficult procedures and others are not used to getting any type of treatment, so we have to talk to them and help them where we can."

Staff gave clear information to patients to help them make informed choices. Patients were referred for treatment by one of three doctors that the provider had close links with. On referral, the provider checked the information that had already been supplied to the patient and also provided additional explanations about the treatment and leaflets to ensure patients were fully aware of the procedures. The registered manager and HCAs explained the types of conversations they had with patients. Their comments included "We always explain what is involved in the procedures and explain what we are doing as we are doing it" and "I always check what they have already been told about the procedure. Some of our patients have had the same procedure many times before and we know them well. But we do have other patients who are new to treatment. We make sure they have all the information they need before we start anything."

Staff explained how they promoted people's privacy and dignity and gave us practical examples of how they did this. Comments included, "All consultations and discussions are done in one of the private rooms" and "We do have some discussions in the public areas for example, when patients are making payment, but if patients want to discuss something a little more personal we always offer one of the private rooms." We found the service had consultation rooms to facilitate private discussions and saw patients using these rooms throughout the day. Patients confirmed that staff were mindful of their privacy and dignity. One patient told us, "They are very discreet and professional".

We observed staff treating patients with respect and were friendly when speaking with patients at the practice and over the telephone.

Staff were aware of the importance of confidentiality. One staff member told us, "We would never leave records lying around, we always make sure we keep them in a safe place." We saw patient records were stored securely in locked cabinets.

Is the service responsive?

Our findings

Patients told us they were involved in decisions about their care and said staff supported them when required. One patient told us "I did my own research about this treatment and asked questions when I got here. I have been fully involved in the whole process."

People's needs were assessed before they began using the service and care was planned in response to these. Assessments covered areas such as physical health and medical needs. The provider responded to people's individual needs and HCAs gave us examples of how they did this. One HCA told us, "We sometimes have patients who do not have much time and need to be seen quickly. We do take care to run the service efficiently and on time so people are not kept waiting." The service had an efficient appointment system and appointments ran smoothly on the day of the inspection.

The service made reasonable adjustments for people with disabilities. There were steps leading down to the practice. Staff told us they assisted people with mobility problems in and out of the premises.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Patients confirmed they knew who to complain to where needed and told us they felt confident they would be listened to. One patient told us, "I don't have any complaints, but there are staff around and I would report any issues to them." The registered manager told us how they would handle formal complaints and we saw the complaints policy demonstrated this. The service had not received any formal complaints from patients since its registration at the time of our inspection.

Is the service well-led?

Our findings

The provider's governance framework ensured that responsibilities were clear and quality performance, risks and regulatory requirements were understood and effectively managed. The registered manager reviewed aspects of the service including regular weekly infection control and treatment record checks. The registered manager had overall responsibility for the management and clinical leadership of the practice. However, these checks had not identified the issues we found with supervision and appraisal records and the provider was not able to demonstrate when DBS checks had been completed for staff. Therefore we could not be fully assured that quality monitoring and improvement systems were effective.

HCA's confirmed they were aware of their responsibilities and these were made clear to them when they started working at the service. We saw HCA's job descriptions and found these mirrored their understanding of their roles and responsibilities.

HCA's told us they held regular informal meetings with the registered manager where they could raise any concerns and discuss clinical and non-clinical updates. HCA's reported high levels of support from the registered manager. Their comments included "She's very good" and "I feel very supported."

The provider worked with members of the multidisciplinary team in providing care to patients. This was usually limited to the referring doctor, but could include liaison with other practitioners including the patient's GP.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not consistently ensure that persons employed for the purposes of carrying on a regulated activity were of good character.</p> <p>Regulation 19(1)(a).</p>