

# Fortiz Limited







# Nursing Relief Agency

## Inspection report

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### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

We inspected the service on 18 December 2014. The provider had a short amount of notice that an inspection would take place so we could ensure staff would be available to assist us.

The Nursing Relief Agency provides care and support for people living in their own home. At the time of our inspection there were 16 people using the service with a variety of needs. These included older adults, people with physical disabilities and people with dementia care needs.

There was a registered manager in post. 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.

# Summary of findings

At our previous inspection on 28 February 2014 we found that the provider was not meeting two regulations. These related to the numbers of staff appointed at the service and quality assurance. The provider sent us an action plan outlining how they would make improvements.

We checked for improvements during this inspection and found that the provider had made sufficient improvements to comply with these regulations.

There were sufficient numbers of staff available to ensure people's needs were being met at an appropriate time.

There were effective systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided.

People we spoke with and their relatives told us they were satisfied with the care and support provided. They had developed good relationships with their care workers and told us they were treated with kindness and respect and felt safe using the service. People were confident that any issues or concerns they had would be responded to appropriately by the service.

Staff had a good understanding of the needs of people they cared for and were positive about their role and the organisation.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before

commencing work. Staff received a thorough induction and on-going training to ensure they had up to date knowledge and skills to provide the right support for people. They also received regular supervision, appraisal and observations of their practice.

Staff were complimentary about the registered manager and had no concerns about raising issues.

People's needs were assessed and plans were in place to meet those needs. People's wishes and preferences were taken into account, recorded in care plans and respected during care delivery. Risks to people's health and well-being were identified and plans were in place to manage those risks.

People were supported to access healthcare professionals whenever they needed to and their needs in relation to eating and drinking were supported. People's medicines were managed and administered safely.

People's consent had been appropriately obtained and recorded. However, we noted that people's relatives had at times been asked to consent on people's behalf when the service had not established that the person lacked capacity to do so. The registered manager understood the principles of the Mental Capacity Act and how they might apply to the people who used the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were systems in place to appropriately respond to allegations of abuse. Risks to people's health and well-being had been identified, assessed and managed in an appropriate way.

There were sufficient numbers of staff available to meet the needs of people who used the service. Staff had been appropriately screened to ensure they were suitable to work with people who used the service. Medicines were managed safely and staff had been appropriately recruited.

Good



### Is the service effective?

The service was effective.

People's consent had been appropriately obtained and recorded but people's relatives had sometimes been asked to do this without establishing the person lacked capacity to make the decisions themselves.

Staff had the skills and experience they needed to meet the needs of those in their care. People's individual needs had been met, including needs in relation to eating and drinking. People's health had been monitored and responded to.

Good



### Is the service caring?

The service was caring.

People told us care staff supported them appropriately and were kind and respectful.

People told us that they were involved in the planning and reviewing of their care.

Good



### Is the service responsive?

The service was responsive.

People were encouraged to make their views known about the service and raise any concerns they had. These were appropriately responded to.

Staff had a good understanding of people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Good



### Is the service well-led?

The service was well-led.

The service was well managed and staff were clear about their roles and responsibilities. Robust monitoring and quality assurance systems were in place.

Good



# Nursing Relief Agency

## 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 was 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 provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist us.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The inspector visited the offices of the service on 18 December 2014. The expert by experience spent time talking to people who used the service and their relative prior to our visit to the offices.

We spoke with nine people who used the service and their relatives, four care workers, one office staff member and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included four people's care plans, four staff records and records in relation to the management of the service.

Prior to our inspection we reviewed the information we held about the provider. We looked at any incidents the service had notified us about and reviewed what had been happening at the service over the last 12 months. We also considered the inspection history of the service.

Before the inspection the provider was asked to complete 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 improvements they plan to make. The provider did not send us the information we requested however during the inspection we established that this was due to a technical matter.

# Is the service safe?

## Our findings

At our inspection on 28 February 2014 we found that there were not enough qualified, skilled and experienced staff working at the agency. This meant that people's needs were not always being met at an appropriate time. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan outlining how they would make improvements.

At this inspection we found improvements had been made. People told us care workers arrived when they were expected. For example, one person said, "We've had no hiccups or problems". People told us that if they were unhappy with the arrangements in place for the timing of calls then they would speak with the office who had resolved them quickly. Wherever possible people received care from care workers who were familiar with their needs and staff we spoke with confirmed this. Cover had been provided when regular care workers were unwell or on holiday.

The registered manager had ensured there were enough care workers available to meet people's needs before agreeing to take on new care packages and had also carried out on-going recruitment. They had also developed clear geographical boundaries to ensure that care workers had enough time to travel between appointments. This meant that people's care was being provided at an appropriate time and there were now sufficient staff available.

All people we spoke with and their relatives told us they felt safe when their care worker was providing their care and support. Comments included, "The carers are very honest and kind", "We're very happy with them" and "There's nothing wrong with any of the carers". People we spoke with knew how to contact the office and report any safeguarding concerns they may have. For example, one person told us, "They're very good. I can pick up the phone and contact them anytime".

Staff we spoke with told us they received regular training about how to protect people from the risk of abuse and records we looked at confirmed this. Staff knew about the signs of abuse and were able to tell us appropriate action they would take to report and document matters.

The provider had an up to date safeguarding policy and procedure which was in line with national guidance about how to protect people from the risk of abuse. This policy was also made available to staff. The registered manager was aware of local procedures for reporting allegations of abuse and was clear about their responsibilities in this area. This meant that people were better protected from the risk of abuse because the service had systems in place to safeguard those they supported.

Staff also understood the importance of reporting any accidents and incidents and we saw examples of where this had happened. Any accidents or incidents that had occurred, such as falls, had been recorded by staff and then reviewed and analysed by the manager to see if any changes or action should be taken to prevent future occurrences.

We looked at people's care records and found they included individual risk assessments which identified potential risks to people's health or welfare. Risk assessments recorded these risks and any action that should be taken to minimise the risk. For example, we found that risk assessments were in place where people were at risk of falls, developing pressure sores or during moving and handling procedures. These assessments detailed the action staff should take. Staff had a good understanding of people's needs, including any individual risks so were aware of how to provide care and support in the safest way.

We looked at staff records and found that appropriate checks were undertaken before staff began working at the service. Records showed pre-employment checks had been carried out, which had included the completion of an application form, obtaining of two written references, carrying out a police check and confirmation of their identity. This meant people using the service could be confident that staff had been screened as to their suitability to care for the people who used the service.

We looked to see whether people's medication was being handled by the service safely. People had a medication care plan in place which detailed the medication prescribed to them and what assistance they required from their care worker with this. Where care workers were responsible for the administration of medication we saw that appropriate records had been kept. These showed that people were receiving their medication as it had been

## Is the service safe?

prescribed. The registered manager regularly carried out checks of people's medication to ensure it was being managed and administered in the safest way and staff had received appropriate training.

# Is the service effective?

## Our findings

People we spoke with and their relatives told us they received effective care that met their needs. People were overwhelmingly positive about the service and support they received from care workers. Comments included, “They go beyond what they need to do”, “I’m happy with how it works”, and “They know what they’re doing”.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The registered manager had a good understanding of the principles of the MCA and how these may apply to people who used the service. Some staff had also received training in this area. However, we noted that people’s relatives had at times been asked to consent on people’s behalf when the service had not established that the person lacked capacity to do so. It was therefore unclear whether the proper procedures for obtaining consent had always been followed.

Where people had capacity to consent to their care or treatment we found the provider had systems in place to seek and record their consent. People we spoke with confirmed this and told us that care workers also discussed their care needs with them on a day to day basis. For example, people told us, “They check things out with you” and “I say what I need help with.” Records were clear about what people’s decisions, preferences and choices were with regard to their care provision and staff we spoke with understood the importance of gaining people’s consent wherever possible.

People we spoke with and their relatives were confident that staff were sufficiently trained and knowledgeable in order to be able to deliver effective care to them. People told us, “They’re very knowledgeable and helpful”, “They are all suitably skilled” and “[the care worker] knows what to do.”

Staff we spoke with had a good understanding of the needs of people who used the service and were able to tell us

about people’s personal preferences and individual needs. Staff told us they had been supported to develop the skills required to be able to meet the needs of the people they cared for. For example, one care worker told us their training, “Gave me the right knowledge, it was very informative”.

Records we looked at confirmed this was the case and we found that all staff were required to complete a programme of training to enable them to deliver appropriate care. Staff had also received training to enable them to meet people’s specific health needs. In addition we found that staff received on-going support through the use of regular supervisions, an annual appraisal and observations of their care practices by the registered manager. This meant that staff had been supported to deliver effective care that met people’s needs.

People we spoke with were confident their health was being monitored and responded to by staff. One person’s relative told us, “The carer took my brother to the hospital as he felt unwell” and another person told us about an occasion when the registered manager had contacted their GP to ask for a check-up when they’d had a fall. Records showed that staff monitored and responded to people’s changing health needs when required. For example, by making a referral to the NHS falls clinic. We also saw evidence that staff worked in collaboration with other health professionals such as district nurses when it was appropriate to do so.

Some people who used the service made their own meals or had family support to do this and did not require additional support with nutrition or hydration from care workers. However, where people did require further support in these areas we found that care plans provided clear guidance to staff about how people’s nutritional needs should be met and what their preferences for food and drink were. Daily notes we looked at confirmed that the appropriate support was being given when it was required. This meant that staff were clear about their responsibilities for each individual person and were ensuring these tasks were completed.

# Is the service caring?

## Our findings

Everybody we spoke with was positive about the care workers and the way they were supported. Comments included, “We know that if we need anything doing, they’ll help”, “They are gentle and courteous and have a nice demeanour” and “They’re very pleasant”.

We found that people’s privacy and dignity was respected. For example, a person told us “They make sure the bathrooms clean and the door is closed”. There were policies and procedures in place to ensure people’s privacy, dignity and human rights were respected and records showed that staff had received training in these areas and staff we spoke with understood these.

People also told us that care workers provided care in accordance with their wishes and preferences. For example, people said, “Anything you ask them to do, they’ll do” and “She [carer] is very flexible”. A relative told us, “She [carer] knows his likes and dislikes” and another said “She [relative] is in control as much as she can be”.

People who used the service had been involved in decisions about their care and support. We found they had been involved in the assessments of their needs when they first began to use the service and that these had been incorporated into care plans which were then shared with people and their representatives. People’s individual needs, wishes and preferences had been recorded and we saw that people had been involved in reviews of their care plans as their opinions had been sought and recorded.

We spoke with staff who were able to give us examples of how they respected people’s dignity and privacy and acted in accordance with people’s wishes. Staff spoke positively about the support they were providing and felt they had developed good relationships with the people they cared for. For example, one staff member told us, “I’ve got a good rapport with people and get good feedback” and another said, “I know the people well...how they like things doing. Dignity is important, very important”.



# Is the service responsive?

## Our findings

People we spoke with told us they were encouraged to make their views known about the care and support they received. We were told that people had opportunities to provide input on their experiences of the service by the use of questionnaires, care reviews or through on-going communication. For example, one person told us, “We have a great working relationship.”

Care plans were in place to support staff knowledge of people’s individual needs and how their care and support should be provided. These records gave staff clear and detailed guidance about how people’s care should be delivered to ensure their health and well-being. They also gave guidance to staff about what tasks should be completed at each care call and what action staff should take if there was an issue or problem.

In all the care records we looked at we found that as well as an initial assessment, risk assessment and care plan, other information about the person was recorded. This information included the person’s life and social history and their cultural and religious needs. We found that care records were very clear about people’s personal routines and there were details about how people would like their care and support provided. This meant that staff had access to important information about the person that would assist them to meet their individual needs.

Staff we spoke with told us about the positive relationships they had established with the people they cared for and were able to tell us about people’s individual preferences and needs. People we spoke with agreed that their care workers knew them well and commented positively about their experiences. All staff we spoke with understood the importance of acting in accordance with people’s wishes, needs and preferences.

Everybody we spoke with indicated they knew how to make a complaint if there were issues around their support or care. Some people we spoke with told us about previous issues or concerns they had had but all told us they had been resolved satisfactorily by the service, usually by telephoning the office. The provider had an appropriate complaints policy in place. A copy of this was provided in a handbook that was given to people who used the service. There had been no formal complaints made about the service since our last inspection.

We found that people had been asked for their views about the service in a satisfaction survey carried out in July 2014. The majority of people were satisfied with all aspects of the service and their care workers. One person had commented, ‘I do find most of the carers exceptionally helpful and concerned for my care’.

People and their relatives had also been spoken with during reviews of their care and any comments or suggestions made had been responded to appropriately by the service.

# Is the service well-led?

## Our findings

At our inspection on 28 February 2014 we found the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan outlining how they would make improvements.

At this inspection we found improvements had been made. The registered manager had implemented an effective quality assurance system to ensure the risks to people were being assessed, monitored and responded to. These included regular reviews of people's care plans and risk assessments, audits of staff training, regular supervisions, and appraisal and regular observations of staff practice. This included competency checks, observations of staff interactions with people and checks of how they were carrying out the care and support. These ensured that staff were caring for people appropriately.

People we spoke with and their relatives all felt the service was well-run and managed. Comments included, "This last year it's worked like clockwork. The carers are excellent", "If we have any problems we can speak to people directly" and "I can't praise [the registered manager] enough and its well run by management."

Some people we spoke with referred to previous issues with timings of care calls. All people felt they had been resolved and told us that care workers were now arriving at agreed times.

Staff we spoke with were all positive about working at the service and they all described being supported by the registered manager. One staff member told us, "The manager is very caring. She tries more than her best and works so hard. She's brilliant". All staff told us that the registered manager was 'hands on' which meant that she worked alongside them to provide care and support to people. Staff told us that because the registered manager carried out some of the care calls they got regular feedback and advice about improving their practice and developing their skills. Staff also told us they would have no concerns about speaking to the registered manager if they wanted to raise issues about the delivery of care or running of the service.

In addition, people using the service had been encouraged to share their views in regular reviews of their care, through the use of a survey and during on-going communication. We found that people's views, comments and concerns had been appropriately considered and responded to by the registered manager. This demonstrated that the service had implemented a system to review how it was run in order to monitor and improve the quality of service being provided.

In October 2014 the provider was asked to complete 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 improvements they plan to make. The provider received a PIR request but did not complete or return it. We discussed the reasons for non-return of the PIR with the registered manager during our inspection and established there had been a technical error. The registered manager agreed to complete and return the PIR without delay.