

Nursdoc Limited

Nursdoc Ltd

Inspection report

NWS House Ground Floor
1e High Street
Purley
Surrey
CR8 2AF

Tel: 03305555000
Website: www.nursdoc.com

Date of inspection visit:
24 April 2017

Date of publication:
30 May 2017

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 ●

Summary of findings

Overall summary

Nursedoc Ltd. provides nursing and personal care services to people in their own homes and provides a rapid response service for people returning home from hospital. At the time of our inspection 35 people were receiving care from this service. Care is arranged through contracts with Clinical Commissioning Groups (CCGs) from various parts of the country. At the time of inspection services were provided to people living in Suffolk, Cambridge and Peterborough and included one person under the age of 16.

This inspection was carried out on 24 April 2017 and was the service's first inspection by the CQC (Care Quality Commission).

People told us they were happy with the service provided and that staff helped them with the care and support they needed. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures and understood how to safeguard the people they supported. People's individual risk was assessed to help keep them safe and staff had a good knowledge of this.

People and their relatives thought staff were caring and respectful. Staff knew the people they were supporting and provided a personalised service for them. Staff explained how they received sufficient support and training to do their job effectively.

People's records were kept up to date and covered all aspects of the care and identified the support people needed so staff could meet their needs. Records were updated and regularly reviewed when people's circumstances or healthcare needs changed.

People using the service and parents were encouraged to discuss health and other needs with staff and had consented to information being shared with GP's and other community based health professionals, as appropriate. The staff were familiar with the Mental Capacity Act and their responsibilities regarding it.

A registered manager was 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.

The manager, management team, office staff and organisation frequently monitored and assessed the quality of the service provided. There were systems and policies in place to record complaints and to monitor how these were resolved.

The manager regularly spoke with people to make sure they were happy with the service and carried out spot checks to review the quality of the care provided.

Records and other information about people were held securely and confidentially.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The agency had suitable staffing arrangements and staff had been disclosure and barring (DBS) cleared. There were effective safeguarding procedures that staff understood.

Appropriate risk assessments were carried out, recorded and reviewed.

People were supported to take medicine by suitably qualified staff in a timely manner and records were completed and up to date.

Is the service effective?

Good ●

The service was effective.

People's needs were met by a consistent and competent staff team.

Staff were supported through adequate supervision and training to carry out their role effectively.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

Good ●

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

Good ●

The service was responsive.

The agency responded appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

The service had systems in place to receive and respond to complaints.

Is the service well-led?

The agency had an open culture that encouraged feedback from staff and people and which was focussed on people as individuals.

The manager, management team and organisation enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

Quality assurance systems were in place which enabled the service to regularly monitor standards and people's experiences of the care provided.

Good ●

Nursdoc 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 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 comprehensive inspection took place on 24 April 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. This was the service's first inspection by the Care Quality Commission (CQC).

One inspector undertook the inspection and an expert by experience carried out a telephone survey with people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience we used was someone who has had experience of using community based social services.

During our inspection we spoke with the responsible individual, registered manager and director of nursing. We also spoke with three members of the care coordination team, four care staff and five people who used the service. We examined three care plans, three staff files as well as a range of other records about people's care, staff and how the service was managed.

Before the inspection, the provider 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 improvements they plan to make. Prior to our visit we reviewed the information we held about the service. This included the previous inspection report and any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

Is the service safe?

Our findings

People told us that they felt safe their care staff arrived promptly and would stay the allotted amount of time. One person told us, "The same two girls come four times a day. When they have their time off there are relief carers that come in. No complaints with the care." Another person said, "I definitely feel safe with them. I have not had any problems with them."

The registered manager explained that small teams of care staff would be allocated to each person so they would see the same care staff each week. Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to the manager. All staff had received training in safeguarding vulnerable adults as part of their induction programme and this was refreshed every year. The organisation's safeguarding and whistle-blowing policies and procedures were also contained in the staff induction manual which was given to all new members of staff when they first joined the service.

Risk assessments were carried out to evaluate any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. People's records showed these assessments were focused on identifying risks based on their specific needs and circumstances, for example, with support with moving and handling.

People and staff were able to contact a manager in the event of an emergency. The office number diverted to an on-call mobile phone during out of office hours so advice and support could be given when required.

The service had systems to manage and report accidents and incidents. Details of accidents were recorded together with action taken at the time. These events triggered contact with relatives or healthcare professionals and where necessary people's care needs were reviewed.

There were sufficient numbers of staff available to keep people safe. Staffing levels for each person were determined by their needs in consultation with the authority which commissioned their care. People's care was met by consistent team of people who had good communication systems, such as handover meetings and communication diaries, and this contributed towards the safety of the care that was provided.

The service followed appropriate recruitment practices which included pre-employment checks such as up to date criminal records checks, two satisfactory references from their previous employers, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK if applicable. Enhanced criminal records checks were undertaken to ensure staff were suitable to work with people under the age of 16.

Staff who were authorised to administer medicines had completed training on safe handling of medicines and their competency to administer medicines was checked after their initial training to make sure practice was safe.

Is the service effective?

Our findings

Staff told us they felt they had received all the guidance and training they needed to effectively carry out their roles and responsibilities. Systems were in place to monitor staff training needs and identify when training was due or needed to be refreshed. Staff received an induction when they first started working at the service and thereafter undertook mandatory training which included emergency first aid, infection control, food hygiene, moving and handling and the principles of safeguarding.

Staff told us they had regular supervision with their manager. Records confirmed supervision was carried out on a one to one basis and during 'spot checks' where the manager would assess the quality of care provided by staff in people's own homes. The manager told us that they were able to access training from a variety of sources, working closely with qualified healthcare professionals, and UKHCA to ensure they were working with current guidelines, up to date legislation and best practice.

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.

We checked if the service was working within the principles of the MCA. Staff were aware of the Mental Capacity Act (MCA) 2005 and training was given during their initial induction. The manager confirmed that they would work with the persons family and social worker if they felt there were any issues with a person's capacity to make decision and would work to provide care in that person's best interests.

For service users under the age of 16 consent was obtained at multi-disciplinary meetings which included the service user, their family and involved professionals.

Care records contained details of where external professionals had been involved in people's care, for example, contact with the GP, social services and health care agencies. One person told us, "My relative has told them mum was feeling sick and they got us in touch with the nurse. The advice was brilliant."

Staff told us that communication between them and the office was good and that it was straightforward to notify the manager if people's needs changed. One staff member told us, "The manager is great. If ever we have to get in touch with a problem or query it is always easy to get hold of her."

Is the service caring?

Our findings

People and their relatives told us they were happy with the standard of care and support provided by the service. One person told us, "They say good morning and ask my relative how they have been and then will do all their tasks." Another said, "My relative has no problem with them and is treated with respect. We all love them. They are an absolute godsend and have taken a massive pressure off of us."

People and their relatives were involved in making decisions about their care, treatment and support. Care records contained information about what was important to people and how they wanted to be supported. Care plans and other information were written in a person centred way.

We saw examples of positive feedback from family members about the staff. One letter referred to the staff as "angels" and another thanked the agency for having treated a relative with care and respect.

Staff told us how they made sure people's privacy and dignity was respected. One told us how they liked to have a small conversation before starting any tasks in order to assess the mood and health of the person.

The service's induction manual referred widely to the importance of ensuring that people retained their dignity and respect. The manager told us that importance was placed on maintaining professional boundaries, building strong relationships and having a zero tolerance approach to discrimination. To that end, training on equality and diversity was provided to all staff and the workforce reflected the diversity of the service users.

Is the service responsive?

Our findings

People told us they felt supported by staff who were responsive to their needs. People said that they were involved in the decision-making process before and during the time the agency provided a service. People told us that they received personalised care that was responsive to their needs. Staff enabled people to decide things for themselves, listened to their views and took action where required.

One person told us, "I was there when we created my care plan and we went through everything together." Another person said, "I get the care and support that I want. I couldn't ask for more."

We saw each person received an assessment and care plan that reflected their wishes and circumstances. People's care was regularly reviewed and care packages updated and amended.

The service asked for people's views and experiences. Details of regular telephone reviews and visits to check the quality of care people received were kept at the service. We noted most responses were positive, however, where concerns had been highlighted we were able to see how the service had responded and that they confirmed with people that they were satisfied with the action taken. This approach was supported by a procedure which clearly outlined the process and timescales for dealing with complaints. None of the people we spoke with had felt the need to make a complaint and all knew how to make one should this be necessary.

Staff who supported people were assessed and their competence to provide support was checked and confirmed by the manager. New staff or staff who required their competence to be reassessed spent a period of time shadowing senior or more experienced staff in their team. This ensured that there was consistency within the small team of people who provided the regular care and thereby ensure that the service remained responsive to people's needs.

The office was staffed by a team of care co-ordinators who each had responsibility for designated groups of people. Staff felt that the care co-ordinators were helpful and supportive. However, all staff we spoke with felt that it would improve the responsiveness of the service if the co-ordinators had a greater knowledge of the conditions and health needs of the people receiving care. One care staff told us, "Sometimes the care coordinators don't know much about the more technical side of our care or some health conditions, such as "NIPPYS" (Non-invasive positive pressure ventilation) or COPD (chronic obstructive pulmonary disease). Although we can easily discuss things with the manager, it would reassure staff and perhaps speed things up if the care co-ordinators of our work understood better the needs of people they were dealing with."

The service made use of IT systems designed to ensure care services were well managed and that details of care plans and staff activity were recorded. When someone was referred to the service for care, the system allowed the service to filter through the skills, location and availability of staff to ensure the right staff with the right skills were allocated to the person.

Is the service well-led?

Our findings

People and their friends and relatives told us they felt able to speak with the manager if they needed to and that they were listened to. However, most people said they didn't have much contact with the office and dealt with matters through the care staff.

Staff we spoke with told us they felt well supported by the registered manager at the service and were comfortable discussing any issues with them. Comments included, "The manager is great. I feel I can always contact her." Another care staff said, "I can't fault the manager. She really is on the ball and so easy to talk to."

The manager informed us that the service completed on-going quality assurance checks. We looked at a sample of these. As part of this process the views of service users and their families was asked for. Several managers and staff were formal Dignity Champions, having signed up to the pledge to follow the guidelines to be good role models for health and social care.

In the previous 12 months 264 visits had been made by the manager and her team to assess the quality of care and three quality assurance visits were made by senior managers. Quality assurance checks and audits included spot checks, reviews, user surveys, staff surveys and family surveys.

The agency's culture was open and there was a clear leadership structure with staff enabled to take responsibility for their designated tasks. Staff described the service as a good place to work and a good company to work for, with one staff member saying that they would be happy for a relative of their own to be receiving care from Nursedoc.

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.

There was a policy and procedure in place to inform other services of relevant information should they be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

We saw that records were kept securely and confidentially and these included electronic and paper records.