

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Nu-Staff Image Plan

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services

✓ Met this standard

Care and welfare of people who use services

✓ Met this standard

Safeguarding people who use services from abuse

✓ Met this standard

Requirements relating to workers

✓ Met this standard

Details about this location

Registered Provider	Nu-Staff Image Plan Limited
Registered Manager	Miss Carla Snow
Overview of the service	Nu-Staff Image Plan Limited provides care and support for people in their own homes. People using the service are supported by care workers at a frequency and at times in accordance with a package of care designed to meet their individual assessed needs.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

At the time of the inspection Nu-Staff Image Plan Limited was providing care and support for around 45 people. We talked with one person who said the agency was "Fine – I am quite happy. They look after things." A relative of one person using the service told us "They are very, very good. I can't fault them."

We spoke with the manager, one care worker, the field supervisor, one coordinator and a member of staff who covered the on-call system in addition to undertaking care hours. One care worker said they valued "the support from the office. There is always someone at the end of the phone. We are a really good team." Another member of staff said "We really do care. We are always learning so we can make things better."

People were informed about the service provided, and were involved in their care.

We looked at two care files and found that the planning and delivery of care promoted peoples' choices, dignity and independence, and was flexible to meet their needs.

People who used the service were protected because there were good systems in place to make sure staff were aware of the possibility of abuse and knew what action to take in the event of a suspicion or allegation.

We looked at two staff files and found there were effective systems in place to ensure people were safe because staff were subject to rigorous recruitment procedures.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People were given a copy of the statement of purpose when they first started to use the agency, which provided a range of information about the services provided. The document detailed the principles underpinning the service, and contained clear statements about how they promoted peoples' rights with regard to privacy, dignity and independence. For example, staff were sensitive to the rights of people to make a telephone call or conversation without being overheard by a care worker, and staff would help people with their appearance so that they could present themselves as they wished. A relative of a person using the service told us that the staff treated the person with respect when supporting them with intimate care.

We observed the manager and the coordinator answer the telephone to people using the service and their relatives throughout the day, receiving and giving information. We saw how they spoke to people with respect and reassured the callers who were anxious. One person told us they called several times a day and said "they never seem to mind".

Care staff told us how they involved people in their own care and promoted their independence by explaining what they were going to do, and supporting people to do what they could for themselves, for example with personal care. One person using the service told us that they could change the support they had during their visits. "I can change things, they always cooperate". We saw that care plans were written in such a way as to promote peoples' choices, independence and dignity.

We saw completed questionnaires, returned following a survey undertaken in August 2013. The manager was collating the results and told us that as a result they had identified a specific area of support that required further scrutiny and described how they would do this. This demonstrated that people were encouraged to give their views which

were listened to and acted upon.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and support were planned in line with peoples' assessed needs. We looked at care records for two people who had different support needs. Each file contained a thorough assessment of need, addressing areas such as personal hygiene, medication and skin care. This formed the basis of the care diary, which described what support was needed, how this would be achieved and what the desired outcome was. From this, guidelines were produced for staff, detailing how the support should be given at each visit and enabling care to be consistent, reliable and effective.

Care staff told us how they reported back to the staff in the office when a person's condition or situation changed, and we saw evidence of this on individual files. Where an incident had occurred we saw from the documentation that this was analysed by the manager and changes made where required. This showed how the care given was under constant review to make sure people's needs were met.

Individual records included evidence that the agency worked with other professionals involved in the delivery of care and treatment, such as community nurses, to ensure people received the support required.

We saw from the care files that risks were identified and assessed, and managed through the care plan. An example seen was for a person using the service whose behaviour was sometimes challenging, and the detailed guidelines in place allowed staff to provide the high level of care required whilst managing the risk.

All staff we spoke with who delivered care told us that it was important to know what the person could do for themselves, so that they were able to support them to be as independent as possible.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The local authority multi agency safeguarding policy was available in the office and we saw that the agency had a range of policies and procedures to underpin the provision of safe care and promote peoples' welfare. We saw the policies for receiving gifts, handling peoples' money and whistleblowing. Each contained a clear statement at the beginning that the aim of the policy was to protect people from abuse.

New staff received training in safeguarding adults as part of their induction, and we saw records and certificates on staff files confirming this. The manager told us how she talks through scenarios with staff to encourage them to reflect on the issues and be aware of best practice.

We saw how people using the service were protected because the manager placed a high emphasis on skin care. The manager showed us the presentation on skin care given to staff. This was very thorough, and included photographs to enable staff to recognise the early signs of pressure damage and to know what to do.

One care plan we looked at was for someone whose behaviour was at times challenging. We saw that clear guidelines were in place enabling staff to manage the situation safely and protecting the person by giving them time to become calm and not using restraint. Their relative told us how the person was becoming calm with the care workers providing support.

We spoke with all four staff about safeguarding the people using the service. All said they would recognise the signs and knew what to do if they felt someone was subject to abuse. They said they were confident that the manager or senior staff would deal with the matter. One of the senior staff described how they had dealt with an incident and notified the local authority appropriately.

We looked at records relating to a situation that was referred to the local authority and to CQC. The statements from staff were well written and the action taken clearly documented. This demonstrated that the care worker was alert to signs of abuse and

responded appropriately, as did the manager.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People were safe because the agency had effective recruitment procedures in place to ensure that staff were fit for their role. We looked at recruitment files for two staff and the application form for someone who was interviewed during the inspection.

The application form was thorough, and provided much of the information required to be held. We found that appropriate checks were undertaken with the Disclosure and Barring Service and the Independent Safeguarding Authority. The records showed that matters disclosed by prospective staff were discussed and potential risk appropriately assessed by the manager.

We saw from the records that induction was flexible according to the individual needs of the staff member, for example if they worked part time hours, or required additional input in a specific area. We spoke with the member of staff who provided on call support out of office hours, and who had been in post since June. They told us they had received a good induction, and refresher training in areas such as moving and handling and safeguarding people. They told us how their induction was arranged so that they started to get to know people using the service through shadowing other staff which helped them in responding to calls from care staff. Staff were monitored throughout their period of shadowing more experienced staff, and records maintained.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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