

Nu Staff Image Plan Limited

# Nu-Staff Image Plan Limited

## 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 ●

# Summary of findings

## Overall summary

This was an announced inspection carried out on 17, 18 and 19 January 2017.

Nu-Staff Image Plan Limited provides care and support for people who live in their own homes. The majority of people using the service are older people. The office is located in Winton, Bournemouth and provides services in and around the local area. There were people 65 using the service when we inspected.

The service has a registered manager. 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 provider had safeguarding policies and procedures in place. All staff received safeguarding adult's training to raise awareness of how to recognise signs of potential abuse and poor practice and what actions they would need to take. Staff told us they were confident in their understanding of abuse and how to report any suspected abuse.

The service operated safe recruitment practices to ensure staff were suitable for their role. People's needs were understood and met by sufficient numbers of skilled and experienced staff.

People were protected from the risk of harm. The provider assessed any identified risks to people and put measures in place to minimise them.

All staff had been suitably inducted into the service and relevant training had been provided to enable them to safely support the people using the service.

People told us that staff treated them with dignity and respect. People and relatives were involved in the development of care plans and were able to express how they preferred to receive care.

Care plans were detailed and informative. People's specific care needs were met during each planned visit. Staff were supportive in helping people to maintain their independence as far as was practicable.

People were always asked for their consent before their care and support was offered. Care staff and the management team had received training on the Mental Capacity Act 2005 and understood its principles.

All staff were aware of their responsibilities when supporting people with their medicines. Training in medicine management had been provided and the necessary records were being kept.

Staff told us they felt well supported by the registered manager and provider. Supervision and appraisal sessions had not been consistently completed. However the registered manager had taken steps to address

this immediately.

People using the service and their relatives knew who to speak to if they wished to make a formal complaint or were unhappy with the service they received.

The provider had quality assurance and data management systems in place to ensure quality of service provision.

## 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.

Recruitment procedures were safe and all staff understood the provider's procedure for reporting any suspected abuse.

There were sufficient staff available to provide all planned care visits.

The provider had systems in place to safely support people with the management of their medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and there were appropriate procedures in place for a thorough induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Although staff told us they felt well supported. Staff supervisions and annual appraisals had been inconsistent but the registered manager took immediate action to rectify this.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People received support from consistent caring staff who knew them well.

People's view and opinions were listened to and respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that was flexible, proactive and planned in partnership with them.

Care plans were person centred and reflected people's individual needs. They were regularly reviewed and updated as people's needs had changed.

The provider had processes in place to receive and handle any complaints or concerns raised and used these to drive improvements.

### **Is the service well-led?**

The service was well led.

People were positive about how the service was led.

Quality assurance systems were effective and people's feedback was valued and acted upon.

Staff felt well supported by the registered manager and knew what their roles and responsibilities were.

**Good** ●

# Nu-Staff Image Plan 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 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.

This inspection took place on 17, 18 and 19 January 2017 and was announced. We gave the registered provider 24 hours' notice of our inspection because the location provides a domiciliary care service and we wanted to make sure that the manager would be available to speak with us when we visited the service. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the agency, what the service does well and improvements they plan to make.

During our inspection we spoke with six people who use the service, three relatives, six staff members and the registered manager. We looked at six people's support plans and care records. We also looked at a range of records relating to the management of the service including six staff recruitment, training and supervision records and the providers quality audits and action plans.

## Is the service safe?

### Our findings

People told us that they felt safe while being supported by staff. People trusted the staff to support them safely and had developed positive working relationships with them. For example, one person told us, "I have the same staff support me. I trust them and always feel safe when they care for me." Another said, "Yes I feel safe. The care is very good and staff reassure me." One relative told us, "I have no concerns with Nu-Staff and [person's name] is in safe hands."

People were safeguarded from the risk of abuse. The provider had systems in place to enable the reporting of suspected abuse. The provider understood their roles and responsibilities with regard to safeguarding procedures. Staff had received training in safeguarding adults at risk of abuse and those we spoke with demonstrated that they were confident about how to keep people safe from harm. Staff told us that they would have no hesitation in reporting any concerns they had to the office or if necessary to outside agencies such as the local authority safeguarding team. For example, one staff member told us, "If I suspected any form of abuse was happening I would report it to the office immediately or on-call if it was outside office hours."

The provider followed safe recruitment procedures. Staff files showed all applicants had completed an application form which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including proof of identity, references and a Disclosure and Barring Service (DBS) check. DBS checks are carried out to see if a person has been placed on a list for people who are barred from working with adults or children or has a criminal record the employer should be aware of. We spoke with staff who confirmed that these checks had been completed before they started work. One staff member told us, "When I applied for the job they were very clear about all the checks that would be completed before I started."

Risk assessment documentation was included within people's care plans. These assessments had been completed as part of the care planning process and identified risks to both people and staff during care visits. For risks in relation to the environment and provision of care, clear guidance was in place for staff on the actions they must take to protect both themselves and the person they were supporting. Where people had mobility needs, we saw that an additional moving and handling risk assessment had also been completed and the service had taken steps to check that any specialist equipment, such as standing aids were maintained and in safe working order. Assessments were kept under review and updated when required. Staff confirmed they understood the importance of reporting any new risks or when people's needs changed such as an increase in the number of falls they had.

The provider had taken steps to ensure that information about how to access people's homes was kept secure and only available to those who needed to know. The provider had also liaised with people and their relatives about what they wanted staff to do if they could not gain entry through the usual route. This provided people with the peace of mind that there was a safe contingency plan in place if staff couldn't gain access for any reason.

The provider had a system in place to safely support people with the management of their medicines. Where people needed to be prompted, their care records contained details of the prescribed medicine and any side effects. There was a system for keeping records up to date with any changes to people's medicines. Staff recorded each time a medicine had been taken by the person. One person told us; "Staff support me with my medicines and they always record when I have taken it."

All staff had been trained in the safe administration of medicines and the agency had clear policies and procedures for them to follow. We saw that Medication Administration Records were regularly returned to the office and the provider audited them. Where errors were identified, for example if a staff member had forgotten to sign the record, the provider had met with the staff member and provided additional training and support.

We reviewed the service's visit schedules and staff availability and found there were sufficient staff deployed to provide all planned care visits. Staff said that they worked in geographical areas which reduced the time spent travelling between people's care visits. They felt that the time allocated to each visit was usually sufficient to undertake the care that they had to provide safely. One staff member told us, "I am busy but my rota is manageable." All staff said they were never pressured into leaving a person when it wasn't the right to do.

## Is the service effective?

### Our findings

People who use the service and their relatives told us they were supported by knowledgeable and skilled staff able to meet their needs. One person told us, "The staff know how to provide my care. They are very good." One relative told us, "[person's name] has very complex care needs and the staff know about the condition and give very effective care."

New staff completed thorough formal induction training. This included staff training in accordance with the requirements of the Care Certificate. The Care Certificate is nationally recognised training, which sets out the minimum standard of training that care staff must receive before they begin working with people unsupervised. Furthermore staff shadowed a senior member of staff for a minimum of one week to ensure they were able to put what they learnt into practice effectively and the provider was satisfied they can work independently. Staff told us, "The induction is very good and enabled me to do my job well." All staff we spoke with confirmed they had shadowed an experienced staff member as part of their induction.

Staff confirmed they had regular opportunities for training and development. We saw from certificates in staff files and other training records that staff had completed various training sessions including moving and handling, end of life, medicines, infection control and health and safety. However the training records showed that not all refresher training had been completed by staff within the usual time frame. When we pointed this out to the provider, they took immediate action to plan training for those staff members over the next few months.

Staff had supervision and annual appraisals but these had not been consistent. Records showed that staff did not receive regular supervision in line with the provider's policy. Staff we spoke with told us they felt well supported and that a lot of informal supervision happened between staff and the registered manager. The registered manager took immediate action to review and introduce a new system of supervisions, spot checks and annual appraisals. This included spot checks every two months and supervisions to be held quarterly for each staff member. The registered manager arranged supervisions and appraisals over the next eight weeks for those staff who required them.

The Mental Capacity Act 2005 (MCA 2005) 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 2005 or court of protection.

We found that all staff had received training on the requirements of the Act. Records showed that people had agreed to their support plan by signing a "consent to care" agreement. Where staff had identified concerns about people's ability to make decisions independently these concerns had been appropriately assessed, documented and a best interest decision recorded. Where appropriate staff had worked with families and health professionals to ensure that decisions were made in the best interests of people who

lacked capacity.

People's care plans provided staff with guidance on how to ensure their nutritional needs were met. Where appropriate, information about people's food and fluid intake was recorded by staff within the daily care records. People told us staff encouraged them to eat and drink during care visits and one person told us, "Staff always check if I have eaten my meal or if there is anything they can get me. Another said, "They always make me a drink of my choice and make sure I have a drink available when they leave."

People told us their health needs were met and that when extra support had been needed it was provided. One relative said, "Staff notice if [person's name] is not well and call the GP and wait until they arrive." Another person said, "If I feel under the weather, staff take their time and make sure I am okay before they go." Staff told us they recorded any changes or observations about people's healthcare in their care file. We saw records were accurately kept and reflected this.

## Is the service caring?

### Our findings

People we spoke with told us they were treated with respect, kindness and care by staff who supported them. One person told us, "I am really happy with the care I get. All the staff are marvellous." Another said, "The staff are very caring, they call me by my preferred name and I would be lost without them." A relative said, "The staff are very good always happy to help out in any way they can. I cannot fault them."

People were involved in planning their care and their relatives were given the opportunity to express their views and contribute. One person told us, "They discuss my care with me and make sure I am happy with the support I get." A relative told us, "Yes we are involved and kept informed about the care plans."

People and relatives told us that staff treated people with dignity, respect and upheld their rights to privacy. One person told us, "The carers always tell me what they are doing and involve me. They always ask before they give me personal care." Daily care records and call monitoring information showed people normally received care from a consistent small group of staff who visited regularly. Staff explained this helped them build up a good working relationship with the person and their relatives. We saw evidence at the office that new staff were introduced to people by shadowing more experienced staff. It was clear from conversations we had with staff that they all knew the people using the service well.

People said their care staff respected their decisions and choices during care visits. One person told us, "The carers always support me to make choices." A relative told us, "I have noticed they always ask before giving care and give [person's name] time to answer." Care plans instructed staff to ask people how they would like specific aspects of the care and support to be provided. Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. One staff member told us, "It is really important to let someone do things for themselves where possible. It might take longer but their independence is important."

## Is the service responsive?

### Our findings

People told us they were happy with the care that had been provided and were complimentary about the service. One person told us, "I get help to get up in the morning and get dressed. The carers do a very good at their job. If I need help with anything else they always try to help." Another said, "The girls [staff] are all brilliant, I cannot fault them and the office checks if I am happy with everything."

During the inspection we saw the registered manager attend a review of a package of care with the person, their relative and social worker. The person and their relative were very happy with the care they received. The relative told us, "The staff are very good, always supportive of mum and work flexibly to meet her needs." It was clear that the registered manager and care staff had a good working relationship with the person their family and the social worker. The social worker told us, "Nu-Staff are a good agency. Whenever I see they are providing a package of care I know they will provide a good service and be responsive to the needs of the person."

People told us their care staff normally arrived on time for care visits. Staff told us, "We are allocated travel time." The provider's visit schedules and call monitoring information showed that travel time was factored in between all consecutive care visits and that the majority of care visits were provided on time. People told us that if their carer was running late they were contacted by telephone and advised of this. People constantly reported that they were not rushed by staff during care visits and call monitoring data showed people routinely received their full planned care visit.

Assessments were undertaken to identify people's support needs and the information obtained was used to develop a plan of care that outlined how those needs were to be met. Care records were thorough and provided detailed information to assist staff in delivering person centred and consistent care. People confirmed that copies of their care plan were kept in their own home and that they had been involved in and agreed to these care plans. We looked at the care plans kept in the homes of the people we visited and saw they had an individualised care plan that detailed the support they required and the choices they had made about their care. Each person had a clear support plan and where needed, a plan to reduce any identified or potential risks from occurring.

Staff demonstrated that they understood the importance of providing flexible support and commented that they adjusted the level of support for people in accordance with whether they were having, "A good or bad day." For example, for people living with a fluctuating illness, such as dementia we saw that the care plans guided staff to provide support in accordance with what the person felt able to do that day. This helped to ensure that people received support that was responsive to changing needs.

The provider had systems in place to ensure all people's care was reviewed at least every three months or more frequently if the person's care needs changed. For example, if a person went into hospital or staff reported a person had become more dependent on care staff, the service conducted an additional review of their care. We saw that the reviews were conducted in a multi-disciplinary way with the service seeking the views of others who were involved with the person's care.

The provider had a complaints procedure that was available in the service user's guide in the care files in people's homes. Any complaints or concerns raised with the provider or through staff had to be logged and records of investigations and correspondence kept and the actions to monitor any changes had been followed up. We looked at the records being kept and no complaints had been received in the last year. But we could see that complaints prior to this had been fully investigated and action taken to prevent a reoccurrence.

The provider told us they had a positive approach to handling concerns and complaints which they viewed as a part of driving improvements. The provider engaged regularly with people who used the service, and their relatives, which had encouraged good relationships and a cycle of on-going feedback. As such, the majority of people told us they had no need to complain.

## Is the service well-led?

### Our findings

People were positive about the quality of the service they received and felt the service was well run. One person told us, "They were recommended and I am quite happy." Another said, "I have no concerns at all. It's well managed and I'm very satisfied." A relative told us, "I cannot fault them I think the carer staff and office are very good."

We saw that the provider supported staff and that they were clear about their roles and responsibilities. One staff member told us "I enjoy my job all the staff are supportive of each other." Another said "The registered manager is very supportive and staff at the office are always available if you need it." We saw evidence from review meetings and returned questionnaires that people, staff and relatives were involved in how the provider delivered a service to people. Staff told us they had team meetings where they were able to raise any issues or concerns with the manager. One staff member told us, "The registered manager is always approachable and willing to help. If I wasn't sure about something I would just ask." The staff felt supported and valued by the registered manager and provider. We saw that compliments from people and relatives were fed back to staff to raise their confidence and help them feel valued for the support they provided.

The senior staff undertook 'spot check' observations of staff practice. Staff were observed delivering support to people to see how care was delivered and how people consented to receiving their care. The checks also monitored how staff interacted and spoke to people being cared for and ensured that manual handling guidance was followed. The registered manager told us that these had not been completed as frequently as they should of been recently, but they are in the process of introducing a new system to ensure they are carried out more consistently in the future. Staff told us the 'spot checks' were unannounced, and they understood the reason for this. The provider also carried out regular courtesy visits/calls to help them monitor the service provision. A person we spoke with told us, "Yes someone from the office will come and ask me if I am happy."

The provider completed other internal audits as part of their quality assurance process. For example, accidents and incidents, care plans and medication records were audited. Any action needed as a result of these audits was recorded and implemented as a way of continually improving the care people received.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team.