

Trueblue Nurses UK Ltd

# Trueblue Nurses

## Inspection report

Flat 2  
444 Kingston Road  
Kingston Upon Thames  
Surrey  
KT1 3PB

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Tel: 07875417474

Website: [www.truebluenurses.co.uk](http://www.truebluenurses.co.uk)

## 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 that took place on 23 February 2018.

This service is a domiciliary care agency. It provides live in personal care to people living in their own houses and flats. It is located in the Kingston area and supports people in the Kingston, Richmond, Wandsworth and Wimbledon areas of South London and some areas of Surrey.

At the last inspection on 25 January 2017, we asked the provider to take action to make improvements regarding risks to people, and this action has been completed. In addition we asked the provider to make improvements to service quality audits and this action has been completed.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well-led to at least good.

At this inspection all the key questions were rated good with an overall rating of good.

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 and associated Regulations about how the service is run.

People said they were satisfied with the care and support that the agency supplied.

The agency records were up to date and covered each aspect of the care and support people received, the support choices they had made and identified that they were being met. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties well.

Staff were aware of their responsibilities to the people they supported, regarding the tasks they performed and the way that people liked to be supported. Staff provided care and support in a professional, friendly and kind way that was focussed on the individual as a person.

Staff knew that they must treat people equally and respect their diversity and human rights. People said they felt treated fairly. Staff had received appropriate training, were knowledgeable and made themselves accessible to people and their relatives. Staff said the organisation was a good place to work and they enjoyed their work.

Staff encouraged people and their relatives to discuss health and other needs with them and passed on agreed information to GP's and other community based health professionals, as required. Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure people's likes, dislikes and preferences were met.

The agency was aware of the Mental Capacity Act (MCA) and their responsibilities regarding it.

The registered manager was approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

## 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.

People said they were safe. There were appropriate numbers of skilled staff that followed effective safeguarding, infection control and risk assessment procedures.

Lessons were learnt when things went wrong.

People's medicine was administered safely and records were up to date. Medicine was audited, safely stored and disposed of if no longer required.

### Is the service effective?

Good ●

The service was effective.

People received care and support from well trained and qualified staff. Their care plans monitored food and fluid intake and they were encouraged to eat healthily.

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

The provider worked to challenge and prevent discrimination, both by engaging with the public and supporting people in ways that challenged existing stigma and discrimination.

Staff worked well together internally and across organisations.

### 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?

The service was responsive.

The agency re-acted 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.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Good 

## Is the service well-led?

The service was well-led.

The management team was visible and supportive with an open, person-centred culture. Staff were proud of working for the provider, which had clear person-centred values that staff applied to their work.

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

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

Good 

# Trueblue Nurses

## 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 was an announced inspection and took place on 23 February 2018. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

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. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

During the inspection, we contacted three people, four relatives' and five staff. We also spoke with the registered manager and management team during the office visit.

We looked at three people's care plans and two staff files. We also checked records, policies and procedures and maintenance and quality assurance systems.

## Is the service safe?

### Our findings

People that commented thought the agency provided a safe service and enough staff were provided to meet their needs appropriately and in a timely fashion. The staff rota reflected this with people's needs being met flexibly and safely. People did not comment regarding feeling safe when using the service. One person said, "I feel safe with the service."

At the last inspection the agency had identified some risks to people and had briefly summarised how they should be managed but had not followed Health and Safety Executive (HSE) guidance in carrying out risk assessments thoroughly and put suitable management plans in place to reduce the risks. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the agency had followed the HSE guidance and included waterlow skin assessments, nutritional assessments, moving and handling assessments, medicine risk assessments and people and staff views of care needs. There were also management plans in place.

The agency also carried out additional risk assessments that protected people and staff providing a service. This included instances where people may display behaviour that others could interpret as challenging and that may put themselves and staff at risk. The risks assessments were monitored, reviewed and upgraded when people's needs changed and people and their relatives were encouraged to contribute to them. Staff carrying out the risk assessments were trained to do so. The staff told us they shared information regarding risks to people with the office and other members of the team if they had shared calls. They told us they were familiar with the people they provided a service for and were able to identify situations where people may be at risk. This enabled them to take action to minimise the risk. The agency kept records of any accidents and incidents. Staff had also received infection control training and people said their working practices reflected this.

At the last inspection the agency did not always carry out robust recruitment checks to ensure new staff were suitable to work with people. Staff were allowed to work with disclosure and barring (DBS) security checks carried out by former employers within a year of their application, and until 2014 had accepted criminal records checks carried out up to three years previously. At this inspection the agency carried out new DBS checks or kept the relevant information from portable ones.

The staff recruitment procedure included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills, experience and knowledge of domiciliary care. References were taken up and work history as well as DBS checks carried out prior to people being employed. There was a three months probationary period with regular reviews. All stages of the process were recorded.

Staff understood what was meant by abuse and the action required of them if they encountered it. The agency had policies and procedures regarding abuse and harm and provided staff with training to protect people. Staff were aware of the lone working policy. Staff knew how to raise a safeguarding alert and when this was necessary. The agency provided staff with a handbook that contained safeguarding, disciplinary

and whistle-blowing information. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

Staff safely prompted people to take medicine or administered it as required. Staff were trained and the training was refreshed annually. They also had access to updated guidance. The agency checked and monitored people's medicine and records.

## Is the service effective?

### Our findings

People and their relatives were involved in making decisions about the care and support provided and how this would take place. They said staff understood their needs, met them in a skilful way and their approach was patient and supportive. The type of care and support staff provided was what they needed. Staff said they regularly checked with people that the care and support was meeting their needs. This was also monitored as part of the agency quality assurance system. Staff were suitably trained to complete the tasks that were required. One person told us, "I am satisfied with the service; they [carers] do the jobs I need."

Staff received induction and mandatory annual training. A member of staff said, "The induction was comprehensive and person focussed." The training was based on the 'Care Certificate Common Standards' and included health and safety at work, moving and handling, food hygiene, fire safety, conflict management, dementia awareness and end of life care. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

Staff also received equality, diversity and human rights training that enabled them to treat everyone equally and fairly whilst recognizing and respecting people's differences. This was confirmed by people.

New staff shadowed out going staff and did not start working alone until they were fully familiar with the person and comfortable and confident doing so. Spot checks took place to monitor progress. Shadowing was also included as part of the staff client handover process. Staff meetings, supervision and annual appraisals provided opportunities to identify group and individual training needs in addition to the informal day-to-day supervision and contact with the office and management team. Staff had training and development plans.

People's care plans included their health, nutrition and diet. If required, staff monitored people's food and drink intake. Staff advised and supported people to make healthy meal choices and said that if they had any concerns they raised and discussed them with the office, person, their relatives and GP as appropriate. Records demonstrated that the agency made referrals to and regularly liaised with relevant community health services including hospital discharge teams and district nurses. They also attended local authority hosted provider forums.

People's consent to receiving a service was recorded in their service contracts with the agency and care plans. The agency had an equality and diversity policy that staff were aware of and understood.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not required. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service

were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

## Is the service caring?

### Our findings

People said staff treated them with dignity and respect. They felt listened to and their opinions were valued. This was enabled by the training staff received in respecting people's rights to dignity and treating them with respect. People said this was reflected in the caring, compassionate and respectful support staff provided that was delivered in a friendly, helpful and professional way. This reflected the agency's philosophy of enabling people to make their own decisions regarding the support they needed and when it was required.

People were positive about having consistent care staff who understood their needs and preferences. This showed a person-centred approach to the care that was provided. Staff arrived on time, carried out required tasks and stayed the agreed time. They also recognised the importance of their roles in establishing relationships with people and enriching their lives, as for some people their visits maybe a large part of or the only point of contact for people. One person told us, "They [carers] treat me with respect."

Staff were knowledgeable about the people they supported. They were able to give us information about people's needs and preferences that demonstrated they knew people well.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and on going training and contained in the staff handbook.

## Is the service responsive?

### Our findings

People and their relatives said that the agency sought their views and they were fully consulted and involved in the decision-making process before the agency provided a service. One person said, "They do what I need."

People felt confident that they received personalised care that responded to their needs. They said that if there was a problem with staff or the timing of the support provided, that the agency quickly resolved it. They said staff enabled them to decide things for themselves, listened to them and action was taken if required. Staff said it was important to understand people's opinions and those of their relatives so that the support they provided could be focused on people's individual needs.

People and their relatives confirmed the agency had provided suitable information about the service that was easily understandable and helped them decide if they wanted to use it. The information outlined what they could expect from the agency, way the support would be provided and the agency expectations of them.

Having received an enquiry, the registered manager and a senior carer would carry out an assessment visit. During the visit they would establish the care and tasks required, frequency of visits and timing and agree them with people, to make sure they met the person's needs.

People's care plans were individualised to them, person focused and people were encouraged to take ownership of the plans and contribute to them. People's needs were regularly reviewed, re-assessed with them and their relatives and changed to meet their needs. The changes were recorded and updated in people's files, as needs changed. People's personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled staff to understand people's needs, their preferences and choices and respect them. The information gave staff the means to provide the care and support needed. The agency matched staff to the people they supported according to their skills and the person's needs and preferences.

The agency worked hard to enable people to maintain community links. These included hiring rooms at the Lantern Theatre so that communal activities could be provided for people and attending theatrical productions, singing at the dementia hub, Wimbledon Guild lunches and visiting the 'Café Rosie' for social gatherings. The agency was also active as dementia friends. There was also a regular newsletter that provided information for people and staff.

The agency provides end of life care and staff had received end of life care training. When providing end of life care, the agency enabled relatives to be involved in the care as much or as little as they wished during a distressing and sensitive period for them. The agency liaised with the appropriate community based health teams.

People told us they were aware of the complaints procedure and how to use it. The procedure was included

in the information provided for them.

There was a thorough system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people to make complaints or raise concerns. There were no complaints received in the previous 12 months. The agency had equality and diversity policy and staff had received training.

## Is the service well-led?

### Our findings

People were happy and comfortable speaking with the registered manager and to raise any concerns as they were with staff providing live in support. They told us there was frequent telephone communication with the office and they liked that it was a small organisation which made the service more personal. One person told us, "I'm in contact with the office, if I need them."

At the previous inspection the agency staff recruitment audits had not identified that risks to people were not always properly assessed, relating to using a criminal records check for staff from a previous employer. At this inspection the agency audits identified that risks to people were properly assessed and no longer accepted new DBS checks from another agency. They either did new ones or kept the relevant information from portable ones.

At the previous inspection the agency audited MAR charts for people to check they received their medicines safely. However, they did not always record these audits. This meant there were not always records of when they had identified and taken action in respect of medicines errors. At this inspection the agency had designed a MAR chart specific to each person that was signed by the registered manager to denote they had been checked.

The agency vision and values was clearly set out and staff we spoke with understood them, agreed with them and said they were explained during induction training and regularly revisited at staff meetings. The registered manager described the agency vision as providing care and support to a standard that would be suitable for their own relatives.

The agency's culture was open and supportive with clear, honest and enabling leadership. This was also reflected in the comments of field staff. One staff member said, "I have been employed by TrueBlue Nurses for the last two years and am very happy to be working for them. Their training is excellent and I, as a carer, get their full support when it's needed." Another staff told us, "There is good communication and training provided."

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Staff said the registered manager and care co-ordinators gave them good support and were available when needed. They were in frequent contact and this enabled staff to voice their opinions and exchange knowledge and information. This included regular minuted staff meetings. Staff thought their suggestions to improve the service were listened to and given serious consideration. They also had access to a whistle-blowing procedure that they would feel confident using.

Staff told us that they enjoyed working for the agency and the staff files demonstrated that regular staff supervision and annual appraisals took place that included input from people and their relatives.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

Records showed that frequent spot checks and service reviews took place. The reviews also confirmed what worked for people, what did not and what people considered the most important aspects of the service for them. The senior carers carried out spot checks in people's homes that included areas such as care staff conduct and presentation, courtesy and respect towards people, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment. Frequent phone contact quality checks took place with people and their relatives.

The agency and organisation carried out audits that included people's care plans, staff files, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

We saw that information was kept securely kept and confidentially observed for digital and paper records.