

Nursdoc Limited

# Nursdoc Ltd

## 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

### About the service

Nursdoc provides personal and complex nursing care for people in their own homes. At the time of this inspection the service was providing personal and nursing care to six people, all of whom were children of varying ages.

### People's experience of using this service and what we found

The provider checked staff were suitable to work with people and there were enough staff to support people safely. The provider assessed risks including those related to their complex nursing needs and staff were trained to reduce the risks. People received their medicines safely. Staff followed suitable practices to reduce the risk of infection when caring for people.

The clinicians developed a unique training package for staff working with each person based on their needs and preferences. Before staff were allowed to work with people alone they were closely supported and assessed as competent in each care task people required. Nurses were supported to maintain their registration and care workers were supported to complete further qualifications.

People received the support they needed to maintain their day to day health and in relation to eating and drinking. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives were positive about the staff who supported their children. Each child received consistency of care from a small number of staff who worked with them and knew them well. Care was personalised to meet people's needs and preferences. Some people received social and emotional support from staff and the provider put activity programmes in place based on people's interests. The provider could provide information to people in alternative formats to meet people's communication needs. The provider had a suitable process in place to respond to any concerns or complaints.

An experienced registered manager was in post who was also a registered nurse and a nurse prescriber. Relatives and staff told us the service was well-led and the provider engaged well with them and our inspection findings supported this. The provider had good oversight of the service, and people received daily contact from the provider to check their children were receiving care as planned.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and follow up

The last rating for this service was good (report published May 2017).

### Why we inspected

This was a planned inspection based on the rating at the last inspection.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Nursdoc Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service is a domiciliary nursing agency. It provides personal and nursing care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service two days' notice of the inspection. This was because the service is small and the registered manager is often out delivering personal care to people. We wanted to make sure someone would be available to meet with us

The inspection site visit took place on 14 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our

inspection.

During the inspection

We spoke with the registered manager, the homecare manager, the operations manager, two clinicians and a care coordinator. We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and records relating to staff training and support. A variety of records relating to the management of the service were also reviewed.

After the inspection

We spoke with two relatives and two care workers via the telephone.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider carried out the necessary recruitment checks on staff. These included regular checks of nursing registrations and criminal records, previous work history, proof of identification and health conditions.
- Relatives told us staff timekeeping was usually good. One relative told us, "They always have cover, they have never let me down. Staff are never late, they arrive early and are very organised."
- There were enough staff to care for people safely. The provider developed individual guidance for each person for office staff to follow to cover short notice staff absence.

### Assessing risk, safety monitoring and management

- Most people using the service had complex nursing needs which included high level risks to the person. Relatives told us staff understood the risks relating to people. One relative told us, "My [family member] is high risk, I'm comfortable leaving staff with my child."
- The provider assessed risks to people, including those relating to their complex nursing needs and the care they needed. Suitable guidance was in place for staff to follow. The provider also assessed planned activities in advance to reduce the risk of accidents and incidents. The provider kept risk assessments under review so they remained current and reliable for staff to follow.
- The provider trained staff in relation to people's individual risks, then assessed their competence before they could provide care alone.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the potential risk of abuse and the registered manager understood how to respond to any allegations of abuse. One relative told us, "I'm 100% sure [my child] is safe, Nursdoc is a very good agency."
- Our discussions with staff showed they understood their responsibilities in relation to safeguarding adults and children and records showed staff received training in this to keep their knowledge current.
- The provider recorded any accidents or incidents, including incidents of behaviour which challenged the service, and analysed these to help staff reduce incidents.

### Using medicines safely

- Our checks of medicines records showed people received their medicines as prescribed. The provider carried out regular checks of medicines records to monitor this.
- Risk assessments and guidance were in place to identify risks relating to medicines management and guide staff on how to manage the risks.

- Staff received training in how to administer medicines safely and the provider's clinicians checked staff were competent.

#### Preventing and controlling infection

- Staff received training in relation to infection control, including specialist training in reducing risks while performing particular nursing tasks.
- The clinicians assessed staff to check they followed best practice in infection control while caring for people.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people before they began using the service to check they could meet their needs. The assessment process involved meeting people and their relatives and reviewing any professional reports.
- The provider provided a trial period for people to check they could meet their needs, that the care package was suitable, and that people were satisfied with the service.
- The registered manager and their staff team kept themselves up to date with national standards. At this inspection we found legal requirements were met in all areas.

Staff support: induction, training, skills and experience

- People were supported by staff who received specialist training to meet their particular needs. The clinicians developed a training package for each person and trained and assessed all staff before they began providing care unsupervised. A relative told us, "They only send staff who have full knowledge of what they are doing and they are really fantastic."
- The provider supported nurses to renew their registrations and provided specialist clinical training.
- Care workers were supported to complete an induction which met national standards, as well as diplomas in care. In addition, the provider was recently selected to train ten care staff as nursing assistants specialising in autism through a local university.
- Clinicians worked closely with staff, visiting each week to check care was provided as expected and to discuss any concerns, although these assessments were not always recorded. Although staff received an annual appraisal and felt supported, staff did not always receive formal, recorded supervision. The provider told us they would review their systems for staff observations and supervision.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Relatives told us staff understood their children's healthcare needs and staff received individualised training in relation to this. Key information about people's needs was recorded in their care plans for staff to refer to.
- Staff supported people to access health care professionals, such as their GP and hospital appointments, when this was an agreed part of their care. The provider employed an Occupational Therapist as they identified this was required to ensure people received the care they needed more promptly.
- Staff understood people's individual dietary needs and prepared food to meet any cultural needs where this was part of their care. Staff understood the specialist support some people required to eat.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All people using the service were children so the MCA was not applicable at the time of our inspection. However, the registered manager understood the MCA well and staff received regular training to keep their knowledge current.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff treated their children with kindness and compassion and staff we spoke kindly about the people they cared for. One relative told us, "Staff know [my family member] very well. [They are] always smiling and happy with the staff."
- Staff received training in equality and diversity and showed understanding of people's protected characteristics such as their disabilities. The provider was able to provide care staff to meet people's ethnic, cultural and religious needs if necessary.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us the provider listened to their views regarding how staff cared for their children and that staff considered their preferences.
- Some children were unable to express their views relating to their care. Staff understood the best ways to communicate with people, including when children were unable to express their views, and this information was recorded in care plans for staff to refer to. One relative told us, "My [family member] doesn't speak but staff know what he wants and they get it right."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff ensured people's privacy and dignity when carrying out their children's personal care.
- Our discussions with staff showed they understood how to maintain people's confidentiality and had received training in this.
- Staff supported children to develop their independence by being involved in their care as much as possible. In some cases, staff supported parents to develop their skills and confidence in certain caring tasks, so they may require less support to care for their children in the future.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were tailored to people's individual needs and preferences and reflected how people wanted to receive their care clearly. A relative told us, "The staff always call to make sure we're ok with the care and we meet monthly to review everything."
- Relatives told us staff understood their children's care needs well and followed their care plans. This meant children received care based on their individual needs and preferences. A relative told us, "I was involved in the care plan and I'm happy with it. It's up to date."
- The provider reviewed people's care plans regularly so they reflected people's current needs and were reliable for staff to follow.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider could provide information about the service in alternative formats if required.
- The provider recorded people's preferred methods of communication in their care plans so staff had clear information to refer to. This included guidance from professionals regarding the best ways to communicate with people which included a form of sign language for some people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care staff provided social and emotional support for some people as part of their agreed care package. The provider put activity programmes in place for each person based on their interests and preferences.

Improving care quality in response to complaints or concerns

- There was a suitable complaints procedure in place and records showed the provider had recorded and responded to concerns raised appropriately.
- Relatives knew how to raise a concern if necessary and the registered manager followed the process in investigating and responding to them.

End of life care and support

- The registered manager told us no one using the service at the time of our inspection was on end of life care. However, training would be provided for any staff in the future who worked with people at the end of

their lives. The registered manager told us they would follow best practice guidance in helping people plan their care at the end of their lives.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements

- The service was led by a registered manager who was also a registered nurse and a nurse prescriber. Relatives and staff were positive about the leadership and management of the service.
- The registered manager was supported by a domiciliary manager, an operations manager, two clinicians and a team of care coordinators. The team understood their roles and responsibilities and worked closely together to ensure people received a high standard of care.
- Quality assurance systems were in place to monitor and improve all aspects of the service. Team work was encouraged and a shared monthly bonus was available for office staff based on how well people's care was organised and monitored.
- The provider displayed the rating awarded at their last CQC inspection on their website. This was important as it helps inform people about the quality and safety of the service.
- The provider understood their responsibility to submit statutory notifications to CQC although they had not submitted one notification of an allegation of abuse. This was an oversight and the provider forwarded this to us soon after the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider planned people's care openly and in partnership with them and their relatives as well as others involved in their care. This ensured care was centred on individual needs. Care coordinators called relatives most days, particularly at times when difficulties were known to arise, to check people were receiving their care as planned. One relative told us, "They always listen to me. If anything changes they call me to speak to me and ask how I feel about it." Clinicians also checked relatives were happy with the care their children received on a regular basis.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems to involve people and their relatives in any investigations if things went wrong.

Working in partnership with others

- The registered manager communicated well with external health and social care professionals, including local and national bodies which commission and monitor care, to ensure people received the care they

needed.