

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

Nursefinders

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Date of Inspections: 25 March 2013
18 March 2013

Date of Publication: April
2013

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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Nursefinders Limited
Overview of the service	Nursefinders is registered to provide to provide personal care and support to people in their own home. It currently employs ten members of staff to support four people and the main office is situated in the centre of Truro. Nursefinders also operates as a nursing agency and this part of the business is not regulated by CQC as it provides staff to work into regulated services such as care homes and hospitals.
Type of services	Community health care services - Nurses Agency only Domiciliary care service
Regulated activities	Nursing care Personal care Treatment of disease, disorder or injury

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 18 March 2013 and 25 March 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We inspected the agency office and spoke with three people who used the service and their relatives. People said they were pleased with the care and support provided by the agency. They said staff were professional, polite and cheerful. They also said they were kind and caring. One person said: "There is very good communication and staff seem to know and understand about dementia." Another person said; "The staff are very helpful and I feel my care is person centred to my needs."

We found people were given appropriate information and were involved in making decisions about their care and treatment. They said they were well cared for. One person said, "The staff are very good, my relative's carer is fantastic, they are like part of the family."

All people we spoke with including staff said communication was very good within the agency. Comments from staff included: "There is very good communication, we receive enough information about people's care and support needs." Another person said; "They let you know if there is going to be any change in carer."

Staff received professional development. Staff we spoke with said they had opportunities for training and to help them understand about any specialist care needs. Two staff members said; "It is a very good agency to work for."

We saw the provider had systems in place to gather feedback from people, who used the service, and to regularly assess and monitor the quality of service people received.

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.

Reasons for our judgement

We visited the office and saw the service user guide which was given to people before they started to use the service. It clearly stated the staff would help people to maintain their independence and individuality. It stated people would have freedom of choice and their privacy and dignity would be respected at all times. This meant that people who used the service and their relatives were given appropriate information about the care and support available to them.

We saw the complaints procedure formed part of the service user guide and contact numbers for other agencies was provided within this document should people need to contact them.

We looked at the written records for three people who used the service. We saw information had been collected before people started to use the service and involved other interested parties, for example health care professionals, care managers and relatives. This meant people who used the service and their relatives expressed their views and were involved in making decisions about their care and treatment.

People also told us the staff were helpful and offered information and support about their care and treatment. This meant people who used the service and their relatives expressed their views and were involved in making decisions about their care and treatment.

People also told us that they were usually visited by the same staff, and that they were usually told in advance who would be visiting them. This meant people were kept informed by the agency.

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

Our judgement

The provider was meeting this standard.

Overall people experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual needs. We looked at three people's care records. We saw a range of assessments had been completed. Assessments included information about people's medical conditions and their daily lives. These showed people's individual needs had been taken into account.

We saw care records were in place and a detailed pen picture was included to help staff to provide person centred care. The records showed people's care needs had been assessed regularly. We saw evidence that care plans were drawn up to include the person in their plan of care and a consent form was signed by the person who used the service to record their agreement with the plan. The provider may be interested to note that care plans stated the goal but did not provide detailed information of the interventions required by staff to achieve this goal. Some care plans although they gave guidance left it to individual staff interpretation as to how the care was to be provided.

People we spoke with said they were fully aware of their care plans which were kept in their house. We saw detailed risk assessments were also part of the plan and there was a clear link between plans and risk assessments. The risk assessment identified any perceived risks and hazards to the person's welfare and within their environment. This meant care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We spoke with four members of staff. They were knowledgeable about the people's care needs. Staff told us that they kept up to date with people's care needs by reading through care records. They also told us any change in people's care was passed on to them through the agency's office. Staff spoken with said; "Communication is excellent and we are given enough information about people's needs." This meant staff were made aware of any changes in the care needs of people they supported.

People told us that they were usually seen by the same staff who knew them and their needs well. One person said, "the staff are really helpful , I have complete trust in my support worker. If my regular member of staff is off, I'm informed and told although any change in support worker is usually prearranged."

We saw there was information available in the person's file to show the contact details of any people who may also be involved in the person's care and this was available for the person to use. This meant there were arrangements in place to deal with foreseeable emergencies and to help with communication between professionals involved with the person's care.

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

Our judgement

The provider was meeting this standard.

People who used 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 provider had made suitable arrangements to protect vulnerable people and respond appropriately to any allegation of abuse. All staff had been given training about abuse, how to spot it and what action to take as part of their induction training. We saw this information was also detailed in the agency's safeguarding policy.

We spoke with four members of staff, who all told us they were aware of the company's safeguarding policy. Staff were able to describe the correct procedure to follow if they suspected someone was at risk of abuse. This meant people who used 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.

A whistle blowing policy was also available which informed staff what to do if they suspected any bad practice was being carried out within the service.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

As part of this inspection we spoke to the person in charge at the time of inspection and spoke with four staff and looked at three staff training records to see if staff had received the necessary training. The staff training matrix confirmed staff comments that they were kept up to date with all elements of training required by legislation. All the staff spoken with said there were training opportunities.

We were told staff had also completed training to help them meet the specific needs of some of the people they cared for. For example, some staff had completed training in how to care for people with dementia and training about medical conditions. This meant staff received appropriate professional development.

Staff also confirmed they had received safeguarding training. This meant that staff had received some training to keep people safe and protect them from harm. We were also told staff had received training about Deprivation of Liberty and the Mental Capacity Act to help them understand when they may have to make a decision when a person lacked mental capacity

We looked at the staff supervision and appraisal file to see if there was a record of regular staff supervision and appraisal of staff. This regular supervision and appraisal was important to ensure staff were supported to deliver care safely and to an appropriate standard. Staff we spoke with and records we looked at showed staff received supervision every two months and this was carried out by the manager. This meant the provider had arrangements in place to support staff to achieve expected standards of work. We saw appraisals included opportunities for staff to discuss their personal development and training needs. We spoke with four members of staff who confirmed that there were opportunities to undertake additional training. This meant staff were able to obtain further relevant qualifications.

Staff told us it was a supportive organisation to work for. One staff member said, "The manager is approachable. I can either pop into the office, or pick up the phone; someone will be there to speak to." Another person said; "There are plenty of opportunities for training."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

We saw there were systems in place for auditing and monitoring the service, some of which were announced and some were spot checks. These audits were carried out by the agency. Care records were audited by the manager. We saw evidence that care records were checked for accuracy and completeness on a regular basis. Other records such as health and safety risk assessments were audited six monthly, and policies and procedures were audited annually. This meant the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Staff told us that they were involved in meetings as part of the care team who were involved in providing care and support to people. These were to discuss the care of people they supported and provided with personal care. Staff also said communication was excellent. This meant staff received up to date information from the service.

We were told meetings with people who used the service and their representatives were to be held every three months. There would be an opportunity at this meeting to discuss their views of the service they received and the way care was provided.

We were told that questionnaires were sent to people who used the service to comment about their experience of care provided by the agency. The results were audited and any action was taken if required. This meant people who use the service, their representatives and staff were asked for their views about their care. A person we spoke with who used the service said; "It is a fantastic service."

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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