

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

Right Nurse Care Services

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Tel: 01872274120

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31 October 2013

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Cooperating with other providers ✓ Met this standard

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

Complaints ✓ Met this standard

Details about this location

Registered Provider	Mrs Christine Rowberry
Registered Manager	Mrs. Christine Rowberry
Overview of the service	Right Nurse Domiciliary Care Agency, is a domiciliary care agency registered to provide personal care and support to adults and children who live in their own homes. They provide specialist support to people with a wide range of needs to enable those people to remain in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Cooperating with other providers	9
Assessing and monitoring the quality of service provision	10
Complaints	12
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

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 31 October 2013 and 4 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with other authorities.

What people told us and what we found

We spoke with five people who used the service or their relatives by telephone during the inspection. The people we spoke with were highly complimentary of the care they had received from Right Nurse Care Services. Comments included, "brilliant, I am very very impressed", "they are amazing, they have worked extremely hard at understanding the needs of my parents", "splendid, I am very pleased with them" and "the quality of carers in the team is exceptional".

People's privacy, dignity and independence were respected and care was planned and delivered in a way that was intended to ensure people's safety and welfare.

People's health, safety and welfare was protected when more than one provider was involved in their care because the provider worked in co-operation with others.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and there was an effective complaints system available.

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 spoke with five people who used the service or their relatives about their experiences of care provide by Right Nurse Care Services. People told us care staff respected their wishes and involved them in decisions about their care. One person said "the carers are working with me" to plan for the future and a relative told us "they are amazing, they have worked extremely hard at understanding the needs of my parents".

We reviewed the care documentation of three people who received care from Right Nurse Care Services. We saw the care documentation included information about each person's likes, preferences and care needs which had been gathered during face to face assessment meetings. We saw that family members and the person who used the service had been fully involved in both the care assessment process and subsequent reviews. The care plans clearly identified the aim of each care intervention and provided staff with detailed information about the person's preferences in relation to each care intervention. The care plans had been signed by the person who used the service to demonstrate they consented to the care as planned.

We found all of the care plans included clear instructions to staff to ensure they acted in accordance with people's wishes and to encourage individuals to make choices about their care. One care plan said "carers to speak clearly and to discuss what care they intend to provide in advance so that X is aware what to expect." We spoke with five staff who told us "we talk together with X and plan what X would like to do each day" and "we follow X's wishes as much as we can".

The provider and all of the staff we spoke with during the inspection demonstrated during our conversations with them genuine warmth and respect for the people who used the service and a detailed understanding of each individual's care needs. The relatives of people who used the service told us "I often hear them laughing like school girls together, which is great", "they are building up a good relationship with X, I see them providing encouragement and reassurance" and "It's really brilliant, I see them providing understanding and loving care".

We found a copy of Right Nurse Care Services's service user guide was provided to each person who used the service prior to the first care visit to ensure everyone had an understanding of the service and it's policies and procedures.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with five people who used the service or their relatives by telephone during the inspection. The people we spoke with were highly complementary of the care they had received from Right Nurse Care Services. Comments included, "brilliant, I am very very impressed", "splendid I am very pleased with them", "amazing, they support in every way" and "the quality of carers in the team is exceptional".

During the inspection we reviewed the care plans of three people who used the service. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. We found the care plans used by Right Nurse Care Services were person centred, detailed and reflected the individual needs of the people who used the service.

People who used the service told us they had met with the provider to discuss their individual care needs prior to the first care visit. We saw records that demonstrated a detailed care needs assessment had been completed by the provider during these initial meetings.

The care plans included clear instructions as to how care should be provided. For each care task the care plan clearly identified; the reason care was required, the objective for the care, detailed specific information on how the care should be provided and a risk assessment for each care task. Risk assessments are a tool to identify any hazards and the action that staff must take to reduce the risk from the hazard. We found detailed risk assessments had been completed for each care task and where appropriate, information was provided on the actions necessary to reduce the level of risk.

We saw evidence which demonstrated peoples care plans had been regularly reviewed. The provider told us care plan reviews were always completed by a registered nurse who met with the person who used the service and their family as part of the review process. Staff told us "the care plans are quite comprehensive" and "I am constantly adding to it to make sure it's up to date". We saw that specific care team meetings had been regularly held to enable staff to review care practices, share information and plan future events and activities.

The provider told us that the service had a minimum visit length of four hours and each member of staff was provided with specific training prior to providing care to each person who used the service. People who used the service told us they regularly received a rota telling them which carers would be visiting them each day. Comments included "I have a consistent group of four carers" and "my daughter gets on very well with her carer, she says they are best friends".

We inspected the daily records in each of three care plans. The records were detailed and included information in relation to the care provided, food and fluid consumed, the persons mood and activities they had engaged with. These records had been signed by care staff and recorded the time of their arrival and departure.

We discussed the timing of care visits with all of the people who used that service that we spoke with. People told us their carers "always" arrive on time and "usually they are 10 minutes early".

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care because the provider worked in co-operation with others.

Reasons for our judgement

We reviewed the care documentation and communication logs for people who used the service. We found numerous examples of Right Nurse Care Services working effectively with other organisations. Records demonstrated that where additional needs had been identified appropriate support was requested from other professionals including GP's, community matrons, dentists, adult social services and Community Psychiatric Nurses. A professional that we spoke with as part of the inspection process told us "In my experience they are an excellent care provider they act to pre-empt issues before they arise."

We saw that the service had worked effectively with other care providers to ensure that the needs of people who used the service were met. For example overnight care shifts had been extended to allow the carer sufficient time to hand over to the day carers (from another agency) and provide manual handling assistance if necessary. One relative told us the service had provided them with information on manual handling as they occasionally helped carers to move their relative.

We saw evidence that an effective system was in place where care staff were able to raise concerns about the welfare of people who used the service with office staff. Details of these conversations were recorded within the office version of each person's care plan and appropriate referrals made where necessary. Records demonstrated the service had called for multi-agency meetings to review people's care needs where necessary.

We saw that where appropriate, family members and/or advocates were regularly contacted to discuss changes in people's condition and one relative told us "they are ever so good, they give me a ring and keep me up to date with what's happening". We saw that Right Nurse Care Services had supported people who used the service to go on holiday and to visit relatives.

We saw that the Right Nurse Care Services had an adverse weather procedure in place and access to two 4x4 vehicles to ensure that care staff could reach individuals in need of care during times of adverse weather.

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 receive.

Reasons for our judgement

The provider had appropriate systems in place to gain feedback from people who used the service and staff via six monthly surveys. We saw that the results of the most recent surveys had been positive with 80% of people who used the service indicating they would recommend the service to "friends and family" and all staff reporting that Right Nurse Care Services was a good employer.

We discussed the review of daily care records with the provider who explained that these records were returned to the office regularly and then reviewed by a member of office staff. Any issues identified during the review process were subsequently discussed during care team meetings. We inspected the minutes of a number of these meetings and found that issues identified from the daily care notes were routinely discussed in order to share best practice within the team and ensure consistency in the quality of information recorded. One person who used the service told us "they always read the records back to me to make sure I am happy with them" and a relative told us "It's very reassuring; I can read the daily notes and know what's happened during the day".

All of the care plans we reviewed were up to date and staff told us the care plans were "easy to read", contained the "right amount of information" and reflected the current care needs of people who used the service.

We saw the service's policies and procedures had been provided by an external contractor, regular updates to reflect changes to best practice had been provided. We saw some evidence these policies had been customised to reflect current practices at Right Nurse Care Services.

Everyone who used the service was regularly informed in writing of the names of the care staff who were due to provide care and their expected arrival time. People who used the service told us they received care from a consistent group of carers and the staff were "friendly" and "very very helpful".

We saw there was an accident book available for recording details of accidents and near misses. We reviewed the accident book and found one minor accident had been recorded.

We discussed this low number of recorded accidents with the provider who agreed that some improvement was needed in the recording of accidents. Information received since the inspection demonstrated that all accidents are now being appropriately recorded and investigated.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

All five people who used the service or their relatives that we spoke with about the care provided by Right Nurse Care Services were aware of how to make a complaint. People told us, "I don't have any complaints about RightNurse", "no complaints what so ever" and "when it comes to issues and problems they work with me to resolve them".

In relation to the complaints procedures people told us "if I had a complaint I would speak with the manager and I know it would be resolved immediately", "I spoke with the manager once about a member of staff who had been asleep, the issue was dealt with and I have not seen that member of staff again" and "if I was unhappy about something I would phone the office to talk before I made a complaint".

We inspected Right Nurse's complaints policy and found that all complaints should be acknowledged within 24 hours and investigated and responded to within 28 days. The policy documentation included the contact details of both the Care Quality Commission and Local government Ombudsman for use in the event that a complainant was unsatisfied with the response they received from the service. We saw Right Nurse Care Services regularly received thank you cards and other compliments from people who used the service and their families.

This demonstrated that people who used the service could be confident that their complaints and other comments would be listened to and effectively investigated if necessary.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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