

European Nursing Agency Limited

European Nursing Agency Limited

Inspection report

Suite 2, Wentworth Lodge
Great North Road
Welwyn Garden City
Hertfordshire
AL8 7SR

Tel: 01707333700
Website: www.ena.co.uk

Date of inspection visit:
25 July 2019

Date of publication:
15 August 2019

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

European Nursing Agency, also known as ENA, provides 24-hour care by way of live-in care workers who support and provide personal care for people in their own homes. At the time of our inspection there were 61 people using the service.

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

The provider had significantly improved their governance systems since the previous inspection in August 2018. The management team had introduced regular checks of key areas which meant that performance of the organisation was monitored to help ensure improvements were sustained and any identified shortfalls were effectively managed in a timely manner.

People received safe and effective support from a team of care workers who received appropriate training and support. People were protected from harm because the provider had a robust recruitment process and staff received training in how to recognise and report abuse. The service continuously recruited care workers so they would have enough suitable skilled and experienced staff available to support annual leave and routine breaks.

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. People told us they were provided with good day to day support with such areas as health needs, medicines management and meals.

The provider had recruited nurse care managers and care co-ordinators to help support and supervise the care delivered in people's homes. People told us the care workers were kind, caring and compassionate. People's care was arranged in response to their identified needs. This was kept under review and updated as and when needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement. (last report published August 2018)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 ●

European Nursing Agency Limited

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 was undertaken by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 25 July 2019 and ended on 05 August 2019. We visited the office location on 25 July 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since

the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and relatives of two further people about their experience of the care provided. We spoke with eight members of staff including the registered manager and her management team, the managing director and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify and appropriately report any concerns relating to the risk of abuse.
- The provider had an out of hours on-call system to support staff and people outside of normal office hours.
- People and their relatives told us they felt safe when staff provided their care. For example, one relative said, "[Relative] is safe because the care worker is experienced, very professional and totally focused on [relative's] wellbeing."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. For example, in areas such as people's mobility and supporting people to transfer by means of a mechanical hoist to help them remain in their own homes and be as independent as possible.
- Risks to people's safety and well-being were regularly reviewed and any changes were updated on the care plan system and shared with the staff team.
- Accidents and incidents were logged and reviewed to ensure all appropriate action had been taken and to identify any emerging themes or patterns.
- A person told us, "Absolutely, I feel 100% safe with the care workers from ENA. They are very good indeed, conscientious and kind."

Staffing and recruitment

- People were supported by staff who had been recruited through a robust process. This included all appropriate pre-employment checks, such as references and criminal records checks.
- Each staff member had a formal 48-hour handover period where the incoming staff member worked with the outgoing staff member to affect a formal introduction. This meant the incoming staff member was made aware of any specific information to promote safety and consistency of care.

Using medicines safely

- People's medicines were managed safely. People and their relatives told us staff were knowledgeable about their medicines and supported them safely.
- Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area.
- Nurse care managers visited people who used the service at least every eight weeks. At these visits all aspects of medicines management were checked for accuracy of recording and that stocks agreed with records held.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.
- People told us staff used personal protective equipment properly and said staff worked cleanly and professionally.

Learning lessons when things go wrong

- The provider told us of the main lesson they felt they had learned from the previous inspection. They now recognised they had stepped back too far in allowing a registered manager to run their business with little oversight. The provider had since registered as manager for the business and, with support, was now providing a safe service.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- Before care delivery started the provider undertook assessments to establish if people's needs could be fully met.
- Care plans were developed from these assessments for each identified need people had and staff had clear guidance on how to meet those needs. Care and support plans were regularly reviewed. This helped to ensure that if people's needs changed this was appropriately reflected in care records as well as in the care they received.
- People told us they were satisfied with the care and support they received which demonstrated that staff delivered appropriate care and support in line with best practice.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively. Newly recruited staff members had a week-long residential training course to receive the training they needed and to learn about the provider's expectations of them. One care worker told us, "It was really good training, enthusiastically delivered using case studies." The management team and staff confirmed that there was a programme of staff supervision.
- Competency assessments were not recorded for some care tasks undertaken such as injecting insulin, specialist feeding systems, assisted coughs and other specialist needs. The registered manager advised that staff had been assessed as competent to carry out these tasks, but this had not been recorded. The registered manager undertook to address this matter immediately.
- People and relatives told us that staff were sufficiently skilled and experienced to do their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that staff prepared their meals for them. One person said, "Faultless cooking skills." And another person said, "Staff are skilled and are pretty good cooks too."

Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people well and were able to promptly identify when people's needs changed and sought professional advice appropriately.
- Staff and management worked in partnership with health and social care organisations where appropriate, sharing information about people to ensure that the care and support provided was effective and in people's best interests.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthy life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- The registered manager confirmed that mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so.
- People told us staff asked for their consent before they delivered any aspects of care.

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 has 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

- People and their relatives told us the staff team were kind and caring. One relative said, "[Staff member] is one of the best care workers we have ever had to tell you the truth."

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

- People knew about their care plans and could decide what care and support they needed.
- The management team told us that if people could not express their views and be involved in making decisions about their care, their relatives and health and social care professionals would be involved.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their dignity and privacy.
- The registered manager said care staff received training specifically around privacy and dignity as part of their week residential training.
- The registered manager reported that people who used the service had no need for advocacy support at this time. They said they would signpost people to advocacy support should the need arise.
- People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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 told us they received care and support as they wished.
- Care plans detailed people's care needs, preferences, likes and dislikes with clear guidance for staff to follow. Care plans were regularly reviewed to help ensure they continued to accurately reflect people's needs.
- Staff told us that the information included in the care plans was up to date and supported them to deliver safe, effective and person-centred care. One care worker told us, "Information in areas such as medicines, end of life wishes, and risk assessments were spot on as you would hope it would be."

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.

- People told us they were able to understand information from ENA including their care plans and the complaints policy and procedure.

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

- People told us this was a vital part of the service provided because the care workers lived with people in a family environment, so it was paramount that they supported with everyday life and relationships.
- Care workers supported people to maintain family relationships, to attend various appointments and to enjoy recreational activities according to people's individual choices. For example, one care worker spoke of attending art classes, taking part in a choir, attending a supper club, and enjoying walks in the park with the person they supported.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with complaints.
- People told us they would be confident to raise any concerns with the management team. One relative said, "We have raised complaints over the years when staff have not come up to the expected standard. They have always acted promptly when we have raised concerns and involved external agencies such as police and safeguarding teams appropriately." A person who used the service said, "I have made a complaint a long time ago. It was handled very well at the time."

- We reviewed the provider's complaints records which showed any concerns raised had been addressed appropriately in line with the policy and procedure for managing complaints.

End of life care and support

- People who used the service at the time of this inspection were not in receipt of end of life care. However, care plans included information about people's end of life wishes and preferences.
- The registered manager had recruited five skilled and experienced nurses to the role of nurse care managers. Where people were at end of life or lived with life threatening conditions the nurse care managers took the lead on care and ensured care workers had the bespoke training they needed to support the person according to their individual needs and preferences.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider's systems to monitor the quality of the service were not adequate and had not led to improvement. The provider had failed to monitor the quality and safety of the service, staff training and competencies. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had established governance systems which enabled them to have an effective oversight of all aspects of the service. This included care plans, risk assessments and medicine records.
- The provider had developed systems to identify shortfalls and learn from any mistakes or areas of concern.
- Staff understood their roles and responsibilities and knew where to go for support or guidance if they needed to.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was committed to providing a high standard of care to the people they supported.
- People and their relatives spoke highly of the service. One person said, "The service is very well managed as far as I can see. I would, and have, recommended ENA to other people requiring live in care, they are now happy with ENA too."

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 understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were fully involved in the service development and their views were continuously sought to enable the registered manager to help ensure they provided a safe and effective service that met people's needs.
- The provider had engaged an external care provider's organisation to undertake a satisfaction survey.

Surveys were being distributed to people who used the service, their relatives where appropriate, staff members and external professionals at the time of this inspection.

Continuous learning and improving care

- The registered manager used information gathered from quality monitoring and feedback to improve the quality of care people received.
- Staff told us that they found the office staff and management very responsive to any questions asked. They said, "They are really good. Throughout the training the motto was, 'If in doubt, shout!'"

Working in partnership with others

- The management and staff team worked in partnership to help ensure people received the relevant support from other agencies as required; such as the local authority and community health care professionals.