

Ison Nursing Agency and Care Services Limited

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service:

Ison Nursing Agency and Care Services Ltd is a domiciliary care agency. It provides personal care to adults living in their own homes, with a range of disabilities. At the time of the inspection it was providing care to 79 people.

People's experience of the service

People and their relatives told us staff were extremely competent in their caring role and were kind. People had consistent care staff the majority of the time, so they fully understood people's needs and how they liked care provided. Relatives told us they had full confidence in the care provided and the management team were responsive if any issues arose.

At the last inspection we found a breach of the regulations in relation to the management of the service. We found that whilst the management team and care staff knew people's needs well and provided a personalised service to people, this was not always reflected in the care records and risk assessments. At this inspection we found there were significant improvements and the service was no longer in breach of the regulations. The management team had risk assessments in place, implemented regular audits and people and their relatives told us the management team were regularly in contact with them.

People were safeguarded against the risks of abuse and harm by the systems and by the staff, who received training in safeguarding adults. Safe recruitment practices took place, so staff were considered appropriate to work with vulnerable people.

Medicines were safely managed and people were supported with nutrition and hydration as needed.

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.

We saw that the service worked in partnership with other health and social care professionals. People were supported to access external health professionals to help promote good health and wellbeing. Health and social care professionals told us the service worked effectively with them and communicated well.

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

Rating at last inspection:

The last rating for the service was requires improvement (published 20 January 2020). There was a breach of regulation in relation to the management of the service. 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 inspection was carried out to follow up on action we told the provider to take at the last inspection.

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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Ison Nursing Agency and Care Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people and their family carers to get feedback on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses. 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. Inspection activity started on 26 January and ended on 28 January 2021. We visited the office location on 26 January 2021.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. 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.

During the inspection:

We spoke with the registered manager, and two other members of the management team. We also spoke with two care staff during the office visit and two additional care staff on the phone.

We reviewed recruitment records for three staff members, including their training and supervision records. We reviewed care records for five people on the electronic care system and checked the team's training log. We reviewed how accidents and incidents are managed and reviewed the quality assurance processes at the service. We also looked at two medicine administration records (MAR) and daily care logs.

After the inspection visit:

We received reviews of people's care packages; results of the most recent survey and quality audits of medicines and spot checks of people's care.

We spoke with three people who used the service on the phone and ten relatives.

We also received feedback from two health and social care professionals who worked with the service.

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 improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection we identified not all risks to people's health and safety were recorded in risk assessments although the management team and staff knew the people they supported well and were able to tell us how they managed the risks.
- At this inspection we found risk assessments had significantly improved, were up to date and the majority of risks were identified in sufficient detail to give information to staff. The registered manager agreed to review the most complex risk assessments to ensure they contained all the necessary detail to mitigate risk. Following the inspection, the registered manager confirmed these had been reviewed.
- Risk assessments covered a broad range of areas including nutrition, mobility, physical and mental health and the environment.

Using medicines safely

- Medicines were managed safely.
- People confirmed staff gave them their medicines as prescribed.
- People's care records contained detailed information on the medicines they took.
- People told us medicine administration records (MARs) were in place at their houses and we saw MAR documents returned to the office, which were completed appropriately. We were told, "Carers have a log book and administer a small amount of medication morning and evening." The management team reviewed these to ensure they were accurately completed.
- Records showed staff were competency checked for medicines administration when they started working and on a regular basis as part of a quality spot check.

Staffing and recruitment

- Recruitment of staff was safe. Recruitment processes were well documented and all relevant checks and references were obtained prior to staff starting work. This meant staff were considered safe to work with vulnerable people.
- People received care from regular staff who understood their needs. We were told, "The carers I have at the moment I did ask if I can have them on a regular basis, which Ison have done." A relative said, "He has four regular care staff and we get on fantastically."
- Staff told us they had enough time to get to each visit and carry out the tasks for people. We were told, "We've no missed visit and the office does advise us if carers are going to be late."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. People told us, "Staff are

absolutely outstanding." Everyone felt safe with their care staff.

- Staff were able to tell us how they would respond if they had any concerns regarding abuse and how to whistleblow. Staff had received training on safeguarding vulnerable adults.
- The registered manager was aware when to refer to CQC and the local authority if they had any safeguarding concerns.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves, aprons and over shoes. Staff had received additional training in managing COVID-19.
- People and their relatives told us, "I don't need to remind staff about masks, aprons and gloves worn," "Carers arrive at work wearing full PPE" and "When dad was tested [COVID-19] positive, they still worked with us wearing the white outfit and we felt very safe."

Learning lessons when things go wrong

- We could see the service learnt and made improvements when incidents or accidents occurred. Staff told us communication was effective between them and management, and they were updated when incidents occurred and learning shared.

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 guidance standards and the law

- Ison received referrals from a range of sources. The registered manager assessed potential new referrals to ensure people's care needs could be met by the service. We saw from records the registered manager integrated the views of the person, family and professionals who were familiar with the care needs of the person.
- The registered manager worked to deliver care in line with best practice standards and the law.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- The service supported people to live healthier lives. Records showed that the service supported people to access healthcare services to maintain their physical and mental health.
- We saw social workers had been contacted to ask for referrals to occupational therapists and speech and language therapists as well as their GP and other health professionals.
- A health and social care professional told us the service was skilled in providing end of life care to people and worked well with their service.
- People and their relatives told us they received all the help they needed. One relative had noted how the care staff had waited with their relative until the ambulance arrived which they appreciated.

Staff support: induction, training, skills and experience

- People and their relatives spoke very highly of the staff and their experience in caring for them. Comments included "Staff are good at what they do" and "X is quite difficult to look after but staff are exceptional."
- People and their relatives told us they had complex health and mobility needs yet, "Staff know what they're doing, what works best for me and what doesn't. They know how to use equipment."
- Records showed and staff confirmed they received regular supervision and spot checks to ensure they were providing effective, good quality care to people.
- Staff told us the management team were always available and they were well supported in their role.
- Staff enjoyed working at the service and some had worked there for a number of years which helped to provide consistent care.
- Records showed new staff received a comprehensive induction and shadowed experienced staff to gain on the job experience.
- Staff received refresher training in key areas including manual handling, safeguarding, infection control and behaviours that challenge. All staff had received additional training in managing COVID-19 safely.
- A health and social care professional told us the service had taken on a particularly complex care package

and "There are some carers who have gone above and beyond their duties" and "Staff and the management team had shown great effort and patience in providing this care provision."

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

- Staff prepared meals for people as required. Care records noted people's preferences "X likes porridge with two sugars for breakfast."
- We saw fluid charts were in place for people who needed them. The registered manager told us they would ensure they added a total for each day to assist staff in keeping track of people's hydration. One relative told us, "They make sure mum has three glasses of water."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people using the service that were subject to a judicial DoLS.

- There was nobody subject to any restriction. Care plans noted people's capacity to make decisions and staff were clear and understood the importance of consent.

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

- The service treated people well and respected people's equality and diversity.
- People and relatives praised the staff, comments included "They are really good with mum and she gets on with them brilliantly." Health and social care staff praised the caring nature of the staff.
- As staff worked consistently with people they understood people's care needs, routines and preferences. We were told "Carers do a very good job, the relief staff too. I like routine, one piece of toast and a cup of tea."
- Staff were aware of the importance of meeting people's religious and cultural needs. Care plans contained information regarding people's religion and cultural needs.
- A relative told us they appreciated having carers who spoke the same language as their family member. "X has two Romanian ladies and one male. X can't speak any other language and needs to have the same people."

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

- People and their relatives told us care reviews took place and we could see this was the case.
- A relative said, "I speak to management every six weeks or directly depending on the urgency" and everyone said they were involved in how their care was provided. "From the very beginning we said what time we'd like and chose 7am, 12pm, 4pm and 7 pm."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with respect and maintained their dignity. Feedback included, "X has a catheter in and staff respect privacy and dignity for sure."
- Care plans highlighted what tasks people could do themselves.
- Staff also supported people to be independent. "They do encourage independence, staff try to get x walking and make her feel comfortable, safe and secure."
- Staff were able to tell us how they supported people to be independent and showed them privacy and dignity. One staff member said, "I always go in and say hello and ask how they are. People need to trust us to keep their privacy and be confidential." Another told us, "It's important how I communicate with people, to not stress them and show compassion. I also cover people up when washing them and make sure doors are closed and curtains drawn."
- The service ensured people's care records were kept securely. Information was protected in line with the General Data Protection Regulation.

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 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; 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

At our last inspection the provider had failed to manage the service effectively and ensure systems were in place to check all aspects of the quality of the care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection we found the provider had effective systems in place to check the quality of the service. Audits included medicines, spot checks and reviews of care. Supervision and training were taking place and staff told us they were supported in their caring role.
- People and their relatives told us the management team were very accessible. We had no concerns regarding the provider's openness and honesty.
- The management team understood their regulatory requirements and notified CQC as required.

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

- The registered manager and staff team provided good quality care to people which supported them to have the optimum health and well-being.
- Health and social care professionals told us the service worked proactively and communicated well with them to meet and promote the best outcomes for people.
- People and their relatives praised the service provided. Comments included, "We are very pleased and would recommend this service, we've been given 100%" and "Ison are excellent and well-managed." Health and social care professionals confirmed the service was well managed and the management team were very 'hands on' which meant they understood the issues well.
- We saw that the service carried out a survey of staff, people using the service and their relatives and had developed an action plan as a result. Areas for improvement noted were to let families know in advance the name of replacement care staff, and to give as much notice as possible if staff were running late.
- Staff told us they enjoyed working at the service. "I like the job; they give me the support I need" and "The

managers are helpful." Staff told us communication was good and they had remained informed throughout the pandemic about changes in best practice.

Continuous learning and improving care

- The registered manager had made improvements following the previous inspection and had employed additional staff and utilised electronic care monitoring to good effect. The management team were exploring additional electronic care management options to maximise quality and aid efficient management of the service.
- The service had grown considerably in the last year and were providing good quality care despite the challenges of COVID-19.