

U.K. International Nursing Agency Ltd

# UK International Nursing Agency Limited Dom Care

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 02 October 2017 and was unannounced.

UK International Nursing Agency Limited Dom Care is registered to provide accommodation for up to seven people who may require nursing and /or personal care. It is also registered to provide care to people living in their own homes. On the day of this inspection there were two people accommodated at the care home and one person in receipt of the regulated activity 'personal care' who lived in the community.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we inspected this service in January 2015 we found that the provider had failed to ensure there were enough skilled and experienced staff available to meet people's needs, staff lacked knowledge and understanding of safeguarding matters and the Mental Capacity Act 2005, incidents of concern had not been reported to the Care Quality Commission as required under regulation and people's medicines had not been managed safely. The provider had not appointed a registered manager, the provider's recruitment procedures were not robust and restraint had been used without ensuring the appropriate authorisations and procedures had been followed. The provider's quality monitoring systems had not been effective in identifying these shortfalls and people's feedback was not acted upon.

Subsequent to the comprehensive inspection we undertook two further focused inspections to assess the progress that had been made towards meeting the regulations and providing people with a safe and effective service. We found that improvements had been made with some further improvement required in areas relating to the effectiveness of the care provided and how well the service was managed.

At this comprehensive inspection we found that people were not always supported to lead an active and fulfilled life.

People were safe using the service. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from the registered manager which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

We observed that the staff team were kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. We noted that where any issues were raised with the management team they were responded to appropriately and in a timely manner.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People appeared relaxed and happy in the presence of the staff team and the registered manager.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health, well-being or safety had been identified, assessed and reviewed regularly to take account of people's changing needs and circumstances.

Staffing levels were appropriate to meet the needs of the people who used the service.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff.

Good ●

### Is the service effective?

Staff received training and supervision to support them to be able to care for people safely.

Staff understood their role in protecting people's rights.

People who used the service received a varied and nutritional diet.

People's day to day health needs were met in a timely way.

Good ●

### Is the service caring?

People's relatives told us they were happy with the staff that provided people's care and support.

Staff were calm and gentle in their approach towards people.

Good ●

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible.

People's care records were stored in a lockable facility in order to maintain their dignity and confidentiality.

Relatives and friends of people who used the service were encouraged to visit at any time.

### **Is the service responsive?**

People were not always supported to lead an active and fulfilled life.

People were encouraged and supported to maintain relationships with people that mattered to them.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people.

People who used the service were supported to observe their individual religions.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

**Requires Improvement** ●

### **Is the service well-led?**

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

Staff told us that the registered manager was approachable and that they could talk to them at any time.

There were a range of checks undertaken routinely to help ensure that the service was safe.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals to help drive forward the quality of the care provision.

The registered manager kept up to date with changes in regulation and practice.

**Good** ●

# UK International Nursing Agency Limited Dom Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 02 October 2017 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us on 26 January 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with two staff members, the registered manager and briefly with the provider. We received feedback from relatives of people who used the service to obtain their views on how people were supported to live their lives.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

## Is the service safe?

### Our findings

People were not able to share their views with us about their safety at the home however, we noted that they appeared relaxed and happy in the presence of the staff team and the registered manager. A relative of a person who used the service told us, "Oh yes, I feel [Person] is absolutely safe there. When we visit we do not give any notice we just turn up and it is always spotlessly clean."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns within the organisation. A staff member we spoke with did not have the understanding that the local authority were the lead in safeguarding matters but said they knew they could raise concerns with Care Quality Commission (CQC) and the police. Information and guidance about how to report concerns, together with relevant contact numbers, was available in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls, mechanical hoists and moving and handling. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. We noted that people who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment.

People who used the service were at risk of exhibiting behaviours that may challenge others. We noted that care plans included clear and detailed information for staff to follow help diffuse the intensity of potentially harmful behaviour. For example, staff were instructed to immediately remove themselves from within the person's physical reach and to provide them with verbal reassurance and distraction whilst avoiding patronising the person. Staff were advised to try and follow the person's thought pattern and to try to join their reality to help re-orientate them to person, place and time in a positive, supportive and reassuring manner. This showed that the service had a good understanding of the individual support people needed to help keep them safe.

The management of incidents and accidents was robust and staff members had a clear understanding of their responsibilities in this area. For example, a staff member had accidentally stood on a person's toes whilst they were providing personal care. The person had sustained a minor graze as a result of this incident and we noted the matter had been recorded and reported appropriately. This demonstrated an open and transparent approach to maintaining the safety and wellbeing of people who used the service.

Staffing levels were appropriate to meet the needs of the people who used the service. Throughout the course of the inspection we noted that there was a calm atmosphere in the home and that people received their care and support when they needed it and wanted it.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of three staff and found that all the required documentation was in place including two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked a random sample of seven boxed medicines and controlled medicines and found that in all but one case the stocks agreed with the records maintained. In the one instance where there was a discrepancy the registered manager concluded that this was a recording issue and undertook to address this matter with the nursing staff who administered people's medicines as well as reminding staff that it is good practice to date and initial medicine boxes on opening for audit trail purposes.

Individual protocols were in place for medicines prescribed on an ad hoc basis (PRN). For example, a person was prescribed a benzodiazepine medicine to help control their anxiety. The protocol described how the person may demonstrate their increasing anxiety and what behaviours staff should be aware of that may indicate that the medicine may be required.

## Is the service effective?

### Our findings

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling, food safety and safeguarding as well as specific training modules such as diabetes awareness and a module relating to mental health, dementia and learning disabilities.

The management team and staff confirmed that there was a programme of regular staff supervision in place. Records confirmed this and staff we spoke with said they received support as and when needed and were fully confident to approach the registered manager for additional support at any time.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection applications had been approved by the local authority in relation to the people who used the service.

We noted that best interest decisions had been made in relation to areas such as some prescribed medicines and activities of daily living. People involved in these decisions included people's relatives, staff and management of the service and health professionals such as a consultant psychiatrist. This showed that actions taken on behalf of people were assessed to confirm they were the least restrictive of a person's rights and freedoms.

People who used the service received a varied and nutritional diet. There was a four week rolling menu and feedback received as part of the providers annual quality assurance survey stated, "Lots of varieties of exotic and tasty foods provided for residents." We did not observe a meal time at this inspection as the people who used the service were supported to go out for lunch in the community. However, staff and records told us that people were provided with appropriate levels of support to help them eat and drink. Information within care plans was detailed and provided clear instruction for staff in relation to the support people needed to eat and enjoy their food. For example, the care plan for a person who was vision impaired stated that the

staff were to describe for the person what the food was and what it looked like.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people`s needs. People's weights were reviewed monthly to help ensure that any concerns were captured. We noted that the weights of both people who used the service were stable.

People's day to day health needs were met in a timely way and we noted that appropriate referrals were made to health and social care specialists as needed.

## Is the service caring?

### Our findings

People's relatives told us they were happy with the staff that provided people's care and support. One relative told us, "We always go away from the home happy because they take such good care of [person]."

We observed that staff were calm and gentle in their approach towards people. Feedback received as part of the providers annual quality assurance survey stated, "Friendly working environment, relationship between residents and staff is affectionate."

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. During our inspection we noted that staff were always courteous and kind towards people they supported, chatting with them whilst providing their care and support. We saw staff promoting people's dignity and privacy by ensuring that doors were closed whilst personal care was delivered. A relative told us that staff supported people to always look clean, tidy and well presented. The relative said this was how the person would have wanted to be cared for as they had always been dignified in their earlier life.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable in the company of care staff and the registered manager. We observed staff interact with people in a warm and caring manner listening to what they had to say and taking action where appropriate. For example, assisting people to go to the toilet or fetch them a drink. A relative told us that they had visited on a warm and sunny day and found the person sitting in the garden under a shady umbrella with sunglasses and a hat on. The relative said this made them feel so confident that the staff took good care of people.

People's care records were stored in a lockable facility in order to maintain the dignity and confidentiality of people who used the service. We noted that the room was closed when staff were not using it.

Relatives and friends of people who used the service were encouraged to visit at any time. One relative told us they had found it charming that the provider had encouraged them to have lunch at the home with the person they were visiting.

One person who used the service did not have a support network to help them make important decisions. We noted that an independent advocate had been sourced to help provide a voice for the person and enable choices to be made in their best interests.

## Is the service responsive?

### Our findings

The registered manager told us that there were a variety of activities available to provide people with stimulation and opportunities for engagement. It was reported that these included making collages, colouring, puzzles, reading, listening to music, walks to the local town centre, visiting cafes, playing with a dog and attending church services. However, records maintained did not always paint a picture of people living an active and fulfilled life. During the month of September 2017 records showed that a person had been supported to attend a church service twice, gone out to lunch and shopping three times, sat out in the front garden five times and went for one walk with staff. In between these events records showed that people were sat watching TV and listening to music with staff with no other activity or engagement.

Regular engagement in meaningful activity has been shown to reduce severe behavioural symptoms of dementia however, there was no evidence that staff were proactive in exploring opportunities to engage people. We discussed the activity provision with the registered manager who acknowledged that more could be done to engage and stimulate people. This is an area that requires improvement.

People were encouraged and supported to maintain relationships with people that mattered to them. One relative told us that a person had not communicated with them much when they had visited however, the management team had identified that the person was more talkative during the evening. The relative said the person had been supported to telephone them in the evening and they had enjoyed a little chat. The relative said, "It was so lovely, I was moved to tears, it was like having my [relative] back again."

Records showed that people's relatives had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

People's care plans were sufficiently detailed to guide staff to provide their individual care needs in the manner they needed and wished. For example, a care plan for a person who received personal care support in their own home clearly described how staff should greet the person in accordance with their religious beliefs and detailed the elements of support they required to maximise their independence.

Care plans included clear information about people's likes and dislikes. For example, one person's care plan detailed that they enjoyed music, singing and listening to game shows on the television. The care plan showed that the person also really enjoyed being under running water and took pleasure in having showers. The person liked to dress nicely, to have company and enjoyed sitting outside in the sunshine and we saw that this took place on the day of the inspection.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, a person's mobility had gradually reduced over a period of time and we saw correspondence between the registered manager and health professionals relating to obtaining a specialist chair for the person. This demonstrated that people's needs were responded to and actions were completed to improve outcomes for people.

People who used the service were supported to observe their individual religions. For example, one person had a weekly visit from a religious leader and was regularly supported to listen to religious radio programmes.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. For example records showed that a person had raised concerns about cracked tiles and a faulty light in their bathroom. We noted that action had been taken to immediately address these shortfalls.

## Is the service well-led?

### Our findings

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service and staff in a positive, warm and professional manner.

A relative told us of the respect they had for the provider and management team and praised the way the home was managed.

Staff told us that the registered manager was approachable and that they could talk to them at any time. They said that the registered manager was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. We noted that there were regular staff meetings held to enable them to discuss any issues arising in the home. Topics discussed included staff training, infection control, fire risk assessment and completion of daily records. We noted that where required an action plan was completed to reflect the discussions held. For example, to order a kettle and to monitor the agreed processes for staff using personal protective equipment.

There were management meetings held monthly between the registered manager and the provider to discuss such issues as recruitment, the performance of the service and any matters arising.

There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, infection control audits and mattress audits. This showed us that the registered manager and provider were committed to providing a safe service.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager along with suggested actions. For example, 66% of respondents had rated the grounds of the home as 'very good' as opposed to 'excellent'. Whilst the score was still positive the management team had included this as an area for improvement. This showed that the provider and registered manager listened to people's views to help drive forward the quality of the care provision.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

The registered manager told us they kept themselves up to date with changes in regulation and practice by subscribing to sector specific publications and accessing information via the internet. The provider was a member of a local care provider association and the registered manager told us that they regularly attended meetings and training to keep their skills and knowledge up to date.

Daily records were completed by staff on a word document on the computer. The registered manager said this was done because it was easier for staff members whose first language was not English and meant that entries could be corrected so that they were clear and legible. We discussed that this practice was not advisable because records completed in this manner were open to being changed after the event with no audit trail to reflect any alterations or the rationale for these which created a potential risk of inaccurate records being held. Subsequent to the inspection the registered manager has undertaken to print a paper copy of the daily records so that staff members can read and sign to confirm they are an accurate representation of the care and support provided for people.