



Making Social Care
Better for People

inspection report

NURSES AGENCY

Medihome

**268 Bath Road
Slough
Berks
SL1 4DX**

Lead Inspector
Kerry Kingston

Announced Inspection
23rd April 2007 11.00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Nurses Agencies*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Medihome
Address	268 Bath Road Slough Berks SL1 4DX
Telephone number	01753 725272
Fax number	
Email address	mlomax@medihome.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Medihome Ltd
Name of registered manager (if applicable)	Mr Mark Lomax
Type of registration	Nurses Agencies

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 5th May 2005

Brief Description of the Service:

Medihome Limited is a Nurses Agency which offers an acute medical intervention service to service users, in their own home, who require either short, high input nursing care following a hospital admission for surgery or a treatment plan for other medical conditions.

The aim is to reduce patients' stays in hospitals to help achieve a quicker recovery or to prevent the need for a hospital admission.

Medihome Limited is also registered as a Domiciliary Care Agency, which operates alongside the Nurses Agency.

The service operates from business premises situated in the central Slough area. The agency is expanding and provides very specialized care packages in various localities.

The fees vary, depending on the intensity and complexity of the nursing package but they are from approximately £110 to £275 per day.

The nursing package is generally very time limited.

Most service users are National Health Service Patients although the Agency is able to provide a service to private patients.

SUMMARY

This is an overview of what the inspector found during the inspection.

This short notice announced visit to the service on 23rd April 2007 from 11.00am to 4.00 pm, was to gather further evidence to inform the Key Inspection report.

Information for this report has been obtained from a pre-inspection questionnaire, completed and returned by the Registered manager, eight service user surveys, returned by them to the Commission for Social Care Inspection, discussion with three staff members and a visit to the Agencies' office.

Service user records, staff records and the agencies' Policies and procedures were seen during the course of the visit.

The Agency is expanding its' business but is ensuring that the quality of nursing care remains high, positive outcomes for service users remains the priority of the service.

What the service does well:

Medihome Limited has a very good recruitment processes to make sure that it employs staff of a high quality.

Nurses provide good quality nursing care in service users' homes.

The Agency try to make sure that all their staff and service users' are as safe as possible.

Staff are helped to look after the service users properly, by being provided with good documents that say what care people need and how it should be given.

The Agency make sure the staff get any training that they need to look after people in their care, even if they have special or complicated needs.

The Agency makes sure it regularly looks at the quality of care it is giving so that it can be operated in the best interests of the people being cared for.

What has improved since the last inspection?

The Agency is developing ways of making sure that complaints are included in their quality monitoring systems.

What they could do better:

All areas that need any attention are already being developed by the agency. No requirements or recommendations have been made.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Complaints and Protection (Standards 7-11)

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Information

The intended outcome for Standard 1 is:

1. Prospective service users have the information they need about the agency in order to make an informed decision on whether to engage its services.

JUDGEMENT – we looked at the outcome for standard:

Quality in this outcome area was not assessed for the key inspection, but the Statement of Purpose has been up-dated since the last inspection.

EVIDENCE:

Registered Persons

The intended outcome for Standard 2 is:

2. Service users are assured of the integrity of the agency and have confidence that it is run by a fit person or organisation.

JUDGEMENT – we looked at the outcome for standard:

Quality in this outcome area was not assessed for the key inspection, but there has been no change in the Responsible Individual/Registered manager.

EVIDENCE:

Recruitment and Supply of Nurses

The intended outcomes for Standards 3 - 6 are:

- 3.** The process for recruitment and selection of nurses meets all the requirements of legislation and employment law including that related to equal opportunities and anti-discriminatory practice.
- 4.** Service users are confident that nurses supplied by the agency will provide good quality care and will not jeopardise the safety of patients.
- 5.** The agency has documentary evidence demonstrating the personal identification, registration, ongoing eligibility to be employed as a nurse, and relevant qualifications of each nurse to be supplied.
- 6.** Nurses supplied by the agency are competent and trained to undertake the activities for which they are employed and responsible.

The Commission considers Standards 3, 4 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3,4 and 6.

Quality in this outcome area is **excellent**.

The Agency has a robust recruitment policy, it ensures that nurses' recruited are competent, safe and able to provide good quality care.

A comprehensive and relevant training programme maintains and enhances nurses' skills so that they can meet the needs of, and keep the confidence of the service users.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Eight Service User/patient surveys were returned, all were very positive and included comments such as 'A reliable, professional wonderful group of nursing staff', 'The Agency supports patients very well', 'No complaints at all', 'At all times they encouraged me and made me feel at ease', 'They are competent, friendly and reliable'.

Three staff files seen had all the appropriate paperwork and checks in place, including a health questionnaire and registration checks for those staff employed as nurses.

The recruitment policy clearly states that the Agency is an equal opportunities employer, interview notes and the diversity of the staff group supported this. The Nurse Director and a Nurse Team manager, the Nurse Director and the Registered Manager or a combination of the two conduct interviews. There was evidence that the agency takes appropriate action when its' robust recruitment procedure identifies prospective or current staff who do not meet its' high standards.

Placement of nurses is a team 'operation' between Nurse Team Managers and an administrator who deals with logistics and the movements of staff. Staff, who are successfully recruited have an induction day, complete an induction process and have three observation/supervision visits (one a month for the first three months) where they are observed performing their duties the senior nurse who is observing them, then comments on their skills, knowledge, performance, attitude and ability. Help and training is given (if necessary) and staffs' competence is judged. The observation is repeated at six monthly intervals to check that staff are maintaining their professional standards.

The Agency offers good training opportunities. A Staff member described that if they have a patient with a special or complex nursing need, nurses are sent on training courses to ensure they are up-to-date with that particular procedure/s, a training course, of this nature, had been completed on the day of visit. The Agency work reciprocally with the two hospitals they have contracts with, hospital staff will attend Medihome training events (if there are spaces) and Medihome staff will attend the hospitals training events. One staff member who has been with the Agency for three months has received an induction, three observation/supervisions, mandatory training and one specialised training course. The Agency runs a training course for those staff who do 'on-call' duties. Training records and training needs plans are currently being improved, the Nurse director is developing a training needs analysis and 'spreadsheet' so it will be easier to see which staff have completed training events and when. Training certificates are held in the training files. All staff receive an annual appraisal from a Nurse Managers.

The Nurse Team managers undertake assessments of service users in the hospital setting and complete a home nursing assessments to ensure the agency is able to meet the patients' needs, a home environment assessment is undertaken as necessary when the care package begins. The assessments include service users diverse needs and address any issues such as same gender nursing care.

The clarity of what the home nursing care plan consists of, that is, how many visits by how many staff and at what times is being improved. Nurse Team

Managers are partly based in the hospitals that the Agency have contracts with, this is to ensure as much consistency of care as possible and easier access to the medical professionals who retain the responsibility for the treatment of the service users.

Complaints and Protection

The intended outcomes for Standards 7 - 11 are:

7. Service users are confident that their complaints will be listened to, taken seriously and acted upon.
8. Service users who are also patients are protected from abuse, where the agency is an employment business.
9. Service users who are patients are protected by the agency's procedures for assistance with medication, where the agency is an employment business.
10. Action is taken to protect confidentiality of information relating to service users who are also patients, their carers and advocates.
11. The health, safety and welfare of service users who are also patients, and of nurses, are promoted and protected, where the agency is an employment business.

The Commission considers Standards 7, 8, 9 and 11 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9 and 11.

Quality in this outcome area is **excellent**.

The Agency listens to and acts upon any complaints made by service users. It has all the necessary policies and procedures in place to ensure the safe working of staff, which ensures the safety and protection of service users.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The Agency has a robust complaints policy and procedure it keeps records of all complaints, it has received one complaint during the last year, which was appropriately dealt with. The recording of the outcome could be made clearer. The proprietor confirmed that there had been no 'safeguarding adults' information received by the agency. The Commission for Social Care Inspection has received no information with regard to complaints or safeguarding adults' issues.

(The new address of the local office of the Commission for Social Care Inspection needs to be included in paperwork).

The Agency has developed a Risk Management Strategy, which includes the setting up of a risk management group to monitor all risks and Health and Safety issues and this is to include the monitoring and auditing of complaints and incidents (advised by the nurse director).

The Agency has detailed Protection of Vulnerable Adults policies and procedures, some staff have completed the training course and another course is due to be held. The procedure, currently, includes no detailed reference to the Local Authorities' role in Safeguarding Adults, although inter agency guidelines for the Protection of Vulnerable Adults are available in the office. The Nurse Director is aware of the omission and is considering how best to rectify it, as the agency could potentially have a relationship with numerous Local Authorities.

Staff were able to describe how they would deal with an incident they felt was abusive or that compromised the safety of service users. The safeguarding of adults, whistle blowing, confidentiality and financial issues are included on the induction programme and the policies and procedures are included in the staff handbook.

The Medication administration policy clearly outlines nurses' responsibilities and safe procedures. Medication charts seen were fully completed and retained by the agency. Service users' sign consent to care forms, which include medication, information sharing and home treatment.

Generic safe working practice risk assessments are completed as necessary and are also completed for individuals and noted on their care files. These include lifting/handling and any environmental risks to staff or service users. The Health and Safety policy is very comprehensive it includes protective clothing (supplied by agency), incident reporting, a risk management strategy, Protection of Vulnerable Adults, Infection control, protection of patient information, nurses using their cars and the use of mobile phones.

Staff confirmed that the agency is very aware of staff and service user safety, health and safety items such as using mobile phones and the procedure for those working out of office hours were noted in staff meeting minutes and on the staff newsletter.

The Agency complete an incident register to enable them to monitor any incidents that occur, it includes a description of the incident and the action taken short and long term. The Agency are adopting similar incident reporting systems to those used by the Health Trusts, so they are able to judge their performance in crucial areas such as infection control/incidents and falls directly with hospital care.

A staff newsletter showed that Staff are invited to join the risk management and infection control sub groups.

Management and Administration

The intended outcomes for Standards 12 – 18 are:

12. Approved accounting and financial procedures are adopted to ensure the effective and efficient running of the business and its continued financial viability.
13. There are designated premises suitably equipped for the purpose of the day to day operation and management of the service.
14. An appropriate management structure and clear lines of accountability are in place.
15. Nurses supplied by the agency know the standards of conduct expected of them and are aware of the agency's organisational policies, where the agency is an employment business.
16. There is a written agreement between the Agency and nurses.
17. Service users' and nurses' interests are safeguarded by the agency's record keeping policies and procedures.
18. The agency operates in the best interests of service users and of nurses supplied by it.

The Commission considers Standards 15 and 18 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

15 and 18.

Quality in this outcome area is **excellent**.

The Agency has excellent management and administration systems in place to ensure it offers the highest quality of care to service users.

It continues to monitor its' work and develop so that it can continue to operate in the best interests of service users.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Office staff have specific roles, are knowledgeable and skilled in their area of work and work closely as a team, to support the functions of the Agency.

All staff are provided with a staff handbook that outlines organisational policies including conduct expected from nurses and all other staff. Job descriptions for each post outline specific responsibilities for Nurses, Nurse Managers, the nurse director and Health Care assistants. They include ensuring positive outcomes for patients, accountability in line with nursing codes of conduct and delivering high quality nursing care. Service users records seen were of a good standard and completed as necessary.

Service user surveys noted that staff are 'reliable' 'competent' 'professional' and 'support well'

The issues relating to a quickly expanding business are recognised and new management structures have been developed to ensure continuing quality. A Nurse director has been appointed to ensure the Agency continues development programmes, these currently include training/care plans/induction and recruitment.

The Agency has a comprehensive Quality Assurance system, the results are shared with the trusts that it is contracted with. Questionnaires are given to every service user after treatment is finished, they mirror ones produced by the National Health Service for hospital patients but it has been developed to ask the relevant questions for the agency. The questionnaire has been changed and the number returned has dropped from approximately 80% to 50% but those that are returned are much more productive as the information given is much more useful for the monitoring of the performance of the Agency. The information received is collated monthly and used for 'ongoing' improvement and development. The monthly results are published in the staffs' newsletter and for discussion at monthly staff meetings.

The Agency has set up a Clinical Governance committee which looks at its' overall performance with regard to all aspects of safety, quality and care, it consists of three people external to the Agency who are well respected in their fields of medically related work and management within the Agency. The risk assessment and Infection control sub committees report to it.

Staff spoken to are proud of the Agency and the standard of care they deliver.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Nurses Agencies have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
 "N/A" in the standard met box denotes standard not applicable

INFORMATION	
<i>Standard No</i>	<i>Score</i>
1	X

REGISTERED PERSON	
<i>Standard No</i>	<i>Score</i>
2	X

RECRUITMENT AND SUPPLY OF NURSES	
<i>Standard No</i>	<i>Score</i>
3	3
4	4
5	X
6	4

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
7	3
8	3
9	4
10	X
11	4

MANAGEMENT AND ADMINISTRATION	
12	X
13	X
14	X
15	4
16	X
17	X
18	4

NONE

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	NU7	That a system of monitoring trends for complaints and compliments is implemented.

Commission for Social Care Inspection

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