



*Making Social Care  
Better for People*

# inspection report

## NURSES AGENCY

**Superior Care (Kent) Ltd**

**37 Joseph Wilson Industrial Estate  
Whitstable  
Kent  
CT5 3PS**

*Lead Inspector*  
Sue Gaskell

*Unannounced Inspection*  
4th March 2008      10:30

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
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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](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Superior Care (Kent) Ltd
<b>Address</b>	37 Joseph Wilson Industrial Estate Whitstable Kent CT5 3PS
<b>Telephone number</b>	
<b>Fax number</b>	
<b>Email address</b>	whitstable@superior-care.co.uk
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Superior Care (Kent) Ltd
<b>Name of registered manager (if applicable)</b>	Post Vacant
<b>Type of registration</b>	Nurses Agencies

# **SERVICE INFORMATION**

## **Conditions of registration:**

## **Date of last inspection**

## **Brief Description of the Service:**

Superior Care (Kent) Ltd is a small business whose aim is to deliver a tailor made service taking into consideration the importance of service users preferences. The agency contracts with establishments such as care homes and service users within their own homes. The agency provides healthcare and nursing care to children and adults. It caters for older people, and those suffering from dementia, mental health problems, physical disabilities, learning disabilities and terminal illness.

The agency office is located near Whitstable and provides care 24 hours a day and has an on call service in case of an emergency outside of office hours. The registered manager and two consultants cover the office. Superior Care (Kent) Ltd also operates a domiciliary care agency from these premises. Mrs Sarah Lambert, the responsible individual, is a registered nurse and assists with any required nurse input.

The current fees range from £9.14 for a health care assistant and 17.86 for a Registered Nurse. Additional charges are made for nights, weekends & Bank Holidays.

# SUMMARY

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

This inspection took place on 4<sup>th</sup> March 2008 between 10.30 and 14.30.

I spoke with the manager (who has recently applied for registration), responsible individual and a member of the administration staff. I also spoke with a Registered Nurse and a health care assistant.

I toured the building and looked at the offices and training room.

The inspection process also consisted of information collected before and during the visit to the agency, and feedback from people who use the service users after the site visit finished. Other information seen included the care plans, various risk assessments, staff records, and the duty rota.

The agency also submitted the annual quality assurance assessment required by the CSCI.

There were no outstanding requirements from the previous inspection and no requirements made following this inspection.

The quality rating for this service is **3 star**. This means the people who use this service experience **excellent** quality outcomes.

## What the service does well:

The service users' needs are assessed and they are given necessary information about the service being provided.

Staff are well trained and supported.

The general management of the agency and completion of records are of a good standard.

Services are provided in a way which promotes and respects equality and diversity.

## **What has improved since the last inspection?**

The statement of purpose and service user guide have been updated.

Clients and staff have been issued with contracts.

Client's needs are reviewed as their circumstances change

The medication policy has been reviewed and staff have received further training in medication and specialist medical conditions.

The safeguarding adults, whistle blowing and complaints policies have been reviewed.

## **What they could do better:**

Extend risk assessments to include more detail of the actual risk and how to minimise any risks.

Ensure that there is a consistent method of obtaining and verifying references on all members of staff.

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](mailto: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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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:

### 1

Quality in this outcome area is **excellent**

Prospective service users have the full information they need to make an informed choice about whether to use the agency.

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

## EVIDENCE:

The statement of purpose and the service users guide provided service users and prospective service users with detailed information about what the agency could offer.

There is specific reference to equalities and diversities in the statement of purpose and service user guide, and respecting choices, lifestyles and independence. Private clients receive a contract and information about their fees.

The requirements made at the last inspection had been acted upon and these documents now fully meet the requirements for this standard.

## 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:

2

Quality in this outcome area is **excellent**

People who use the agency can be confident that the management team is suitably qualified and experienced.

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

### EVIDENCE:

The manager, who has recently applied for registration will shortly be undertaking her Registered Managers Award (RMA) and National Vocational Qualification (NVQ) level 4. She has considerable experience within social care and has been involved in the management of different types of healthcare settings.

The manager has the support of Sarah Lambert, responsible individual and qualified nurse to undertake the nurse specific duties. She has been a registered nurse for a number of years and also has experience in the management of nursing/social care. The agency was seen to be run effectively and efficiently

## **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 & 6**

Quality in this outcome area is **excellent**

People who use the service can be confident that staff are trained and qualified and that the appropriate checks have been carried out.

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

### **EVIDENCE:**

The agency has recently moved its operations from Folkestone to Whitstable. It plans to expand gradually in order to be confident of meeting its commitments.

The agency employs qualified nurses and health care assistants. The agency has a detailed recruitment policy and procedure, which includes equal opportunities and anti-discriminatory practice and is clearly followed. The responsible individual, who is a registered general nurse, interviews prospective nurses and health care assistants, and written interview notes were available on staff files.

I looked at six staff files. They contained application forms with the previous history of the applicant, references, evidence of CRB and POVA checks, evidence of identity, training and qualifications, and photographs of staff. They now also contain contracts between the agency and staff.

There is evidence that health checks are carried out together with immunisation against infectious diseases. The manager ensures that nurses employed by the agency have valid NMC Pin numbers and have the appropriate nursing qualifications and training to be able to meet the assessed needs of the people they are providing a service to.

All staff files contained evidence of up to date training certificates which included moving and handling, fire awareness, safeguarding adults training, basic life support, infection control and risk management assessment. Staff confirmed that they undertake an induction training based on the qualified staff handbook.

## 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 & 11**

Quality in this outcome area is **excellent**

The agency has clear and effective policies and procedures in place that cover complaints and the protection of vulnerable adults. It also covers the health and safety of its service users and staff.

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

**EVIDENCE:**

The agency has a complaints procedure which has been reviewed since the last inspection.. This is included in the service user guide. No formal complaints have been received to date. However the establishment supplied with nurses stated that when there have been concerns these have been addressed.

The staff handbook contains information regarding types of abuse and where to report internally. Staff said that they have been trained in the safeguarding of adults. Policies are in place to handle service users monies and property, entering and leaving other establishments or service users homes and what to do in the event of an emergency.

The agency has a medication policy included in the staff handbook. This has been expanded to ensure it is appropriate for service users in their own homes as well as establishments. It covers all areas of involvement in medication.

A confidentiality policy is in place and information is contained within the staff handbook.

The agency has health and safety policies in place. Staff confirmed that they receive training in health and safety as part of induction. Although risk assessments are undertaken, they lack detail on the actual risk and how to minimise any risk.

## **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 & 18**

Quality in this outcome area is **excellent**

The agency's administrative and management systems ensure that it meets the needs of the service users.

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

### **EVIDENCE:**

The manager has worked for the agency since it was first established at the latter part of 2006 and has recently applied for registration. She is fully aware of her responsibilities as the manager and has ensured that staff are kept well informed of the agencies policies and procedures. She ensures that staff are issued with the staff handbook which sets out in detail the conduct and competencies that are expected from the staff employed by the agency.

Staff timesheets are signed by staff and service users and are submitted weekly. Appropriate insurance cover is in place and staff are encouraged to have their own indemnity insurance.

The premises are spacious and well fitted and suitable for people with mobility problems. In addition to the reception and main office, there are management offices and a room for training, interviews and meetings. There is adequate equipment available and records are stored individually and securely.

The registered manager has the support of consultants and the responsible individual who undertakes the nurse input.

The agency has an effective quality assurance system that seeks the view of the service users. I saw a number of completed surveys that the agency had received from the people who use the agency. All surveys were generally complimentary of the staff they had received from the agency and were satisfied with the nursing care and health care that they had received. Phone discussions with the users of the service were positive and they spoke of the good service provided by the agency. They said that staff are reliable and if there is an issue they feel able to mention it to the office. They said that they appreciate the fact that staff are often supplied at short notice.

# 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

<b>INFORMATION</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	4

<b>REGISTERED PERSON</b>	
<i>Standard No</i>	<i>Score</i>
<b>2</b>	4

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

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

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>12</b>	X
<b>13</b>	X
<b>14</b>	X
<b>15</b>	4
<b>16</b>	X
<b>17</b>	X
<b>18</b>	4

no

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	NU4	Ensure that there is a consistent method of obtaining and verifying references on all members of staff.
2	NU11	Extend risk assessments to include detail of actual risk and how to minimise any risks.

## **Commission for Social Care Inspection**

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