

Fresenius Kabi Limited Nurse Agency

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Type of inspection:
Unannounced

Completed on:
23 August 2024

Service provided by:
Fresenius Kabi Limited

Service provider number:
SP2018013114

Service no:
CS2018366195

About the service

Fresenius Kabi Limited provides nursing care at home for individuals requiring enteral nutrition. The service is registered as a nurse agency to supply or introduce registered nurses to provide complete nutritional care packages to clients own homes and to private care home settings within Ayrshire & Arran.

In addition, the service is registered to supply nurses to provide training on use of sub-cutaneous pen devices to patients across Scotland. The service was currently only offering nutritional support.

The service has been registered with the Care Inspectorate since January 2019 and is provided by Fresenius Kabi Limited. The service offices are based in Runcorn, England.

At the time of this inspection the service were providing ongoing support to 141 people.

The service's Aims and Objectives included:

"To provide training to patients/carers to enable them to be independent in their nutritional care as prescribed by their health board's clinical nutrition team. In instances where they are not suitable for training full nursing care may be provided by our nursing team."

About the inspection

This was an unannounced virtual inspection which took place on 19 August 2024 to 23 August 2024. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the service registered. This was the first inspection of the service.

In making our evaluations of the service we:

- spoke with three people using the service
- spoke with two staff and management
- reviewed documents
- spoke with five external professional.

Key messages

- We received positive comments about the professionalism and individualised support that individuals received.
- Staff were well supported, confident and competent in their roles.
- Staff training was monitored through the completion of competency assessments.
- Management were proactive in monitoring and assessing the support provided.
- Policies and procedures were being revised to fully capture relevant Scottish legislation and the Health and Social Care Standards.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership and staffing?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as very good, where the service's performance demonstrated major strengths in supporting positive outcomes for people.

People's health and wellbeing should benefit from their care and support. Individuals we spoke with confirmed that they were treated with warmth, dignity and compassion. One person told us "they (the nurse) put my wife at ease very quickly", whilst another commented "it was a whole new thing for us, we were very grateful to have the care and support." This helped to make people feel valued. We also heard examples of staff advocating for individuals and promoting independence when possible. One person commented "(name), the nurse also helped him (person supported) to get a ruck sack than enables him to use the equipment when he is out and about". This helped to keep people connected.

The policies and procedures to direct staff took account of best practice. This helped ensure that people's rights and choices were respected. A recent internal review had identified that some policies required adaptation to fully reflect Scottish legislation. Work was underway to ensure that key policies, such as Adult Support and Protection, reflected the appropriate legislation. When reviewing documentation, we were confident the service had made an adult support and protection referral when they had concerns for individuals.

Individuals had appropriate risk assessment and personal plans in place. This was available for individuals to access. Not all individuals could recall being involved in this process. We asked the management team to monitor this area going forward. Staff confirmed that they had access to a good level of information when someone new was referred to the service. When additional information was required, external professionals could be contacted. This demonstrated the partnership working established by the service.

An information pack ensured that individuals supported were well-informed about the service and what they can expect. The service had tailored this information to match the ages of individuals that they could support. This included children, younger people and adults. "QR codes" were used to provide additional information online for individuals, this included additional training videos. Individuals confirmed that this was made available at the start of their support commencing. This meant that information was accessible for those at the start of the support agreement.

At the time of the inspection, the service operated a 24 hour helpline. This provided additional reassurances that individuals supported could reach out to registered nurses should they experience difficulty. One person told us "I have the 24-hour number, I haven't used it but it meant a lot to me that there was someone there when I needed them".

The service operated within one health board area in Scotland. A service agreement was in place. This provided clear expectations from those purchasing the service and what they could expect. External professionals confirmed that the service worked in partnership with the health board staff. This included sharing information, attending joint visits and visiting out with the local area so that individuals could return home. One person told us "we work really well together, the joint working is very good and this helps support people".

How good is our leadership and staffing?**5 - Very Good**

We evaluated this key question as very good, where the service's performance demonstrated major strengths in supporting positive outcomes for people.

People spoke positively about the service and management team who were seen as responsive, approachable and supportive. One person told us "I have never had to raise concern, but I have confidence that the service would respond".

Routine quality audits had been completed, including personal planning, risk assessments, people's experiences, infection prevention and control, staff training and staff practice. The outcomes of audits were also presented in pictorial and graph formats. This allowed for a quick overview to assess if standards had been maintained or not.

Appropriate action plans had been developed where needed. There were plans to review and discuss the action plan at a future staff meeting. This allowed the service to measure what improvements had been made and what remained outstanding. This informed a service improvement plan. This took account of the need to review the quality assurance in line with Scottish legislation as the service developed. The service had not yet commenced self evaluation processes. We shared information that could be used when reviewing the quality assurance processes.

People should be confident that staff are appropriately and safely recruited. There had not been any recent recruitment for the service. Through reviewing policies and discussing with the service we were reassured that recruitment followed best practice. We reviewed a recruitment audit tool in place for another part of the service. This was used to monitor recruitment practices and would be applied in the event of any future recruitment. This included the interview process, reference checks, confirming gaps in employment, right to work checks, membership of the Protecting Vulnerable Groups scheme (PVG) and confirmation of registration with the Nursing and Midwifery Council (NMC).

Staff told us they were well supported by the management team. It is important for staff to have protected time with their line manager. Positive comments were made about this protected time as it gave the opportunity to discuss day to day work practice and development needs. Competency assessments were completed by either the management team or the learning and development team. The service provided opportunities for peer support and face to face meetings or via video calling.

The service routinely requested and received direct feedback from individuals supported. This was used to share what was working well with the staff. A formal complaints procedure was in place which enabled investigation and action to be taken to bring about improvement should a complaint or concern be made. The service had not received any formal concerns or complaints.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People's rights are promoted and respected	5 - Very Good
1.2 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership and staffing?	5 - Very Good
2.1 Safer recruitment principles, vision and values positively inform practice	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
2.3 Staff have the right skills and are confident and competent	5 - Very Good

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