

## Nurse Plus and Carer Plus (UK) Limited

# Nurse Plus UK - Plymouth

### Inspection report

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09 November 2022  
10 November 2022  
11 November 2022

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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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Nurse Plus UK Plymouth (thereafter called Nurse Plus) is a domiciliary care agency which provides support and personal care to people living in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 63 people were receiving a regulated activity from the service.

### People's experience of using this service and what we found

Staff received training in safeguarding and knew what actions to take to protect people from the risk of avoidable harm. Safe recruitment processes were in place, staff competency was regularly checked to ensure people received safe care.

People's care and support was planned in partnership with them and risk assessments were reflective of their needs and updated accordingly. People's medicine administration records were up to date and regularly reviewed to ensure people received their medicines as prescribed. People were supported by staff who were kind and caring.

Although, 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; and the policies and systems in the service supported this practice. We have made a recommendation in relation to assessing people's needs.

The provider had implemented a number of checks and audits of the service to oversee the quality of care provided. People were asked for their feedback about the quality of service and this was used to make improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service at the previous premises was good (published on 06/10/2018). The service remains rated good.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Nurse Plus UK - Plymouth

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and two Experts by Experience. 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 and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 November 2022 and ended on 11 November 2022. We visited the office location on 9 November 2022 and spoke with people and their relatives on 10 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and any improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we reviewed nine people's care records and risk assessments. We looked at medicine administration records, four staff files in relation to recruitment, training and staff supervision. We also reviewed other records relating to the management of the service, including audits. We spoke with the registered manager, clinical compliance & training director and nine members of care staff. We spoke with 11 people and ten relatives of people who were receiving personal care and support.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed information forwarded to us including training data, survey results and quality assurance documents including action plans.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care they received. One person commented, "Oh yes, it's all brilliant, I feel very safe and I am very comfortable with the carers."
- Systems were in place to protect people from the risk of harm or abuse, staff received training and understood their responsibilities in relation to identifying and reporting any concerns. One member of staff said, "I would report it to the office and record any information."

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed, monitored and reviewed to ensure information was available for staff to support people safely. For example, in relation to catheter care, epilepsy and moving and handling.
- Staff had a good knowledge of the people they supported including their individual needs and risks.
- Environmental risk assessments including lone working were undertaken of people's homes to ensure any potential risks were identified and managed to keep people and staff safe.
- Risk assessments were updated regularly to reflect people's current care and support needs.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs flexibly. People and their relatives confirmed staff stayed their agreed length of time and that their care was not rushed.
- Staffing levels were determined by the number of people using the service and the level of care and support they required.
- Some relatives and people commented that they did not always have consistent care staff but said Nurse Plus let them know by either written or verbal communication who would be attending their care call.
- We reviewed staff rotas with the registered manager, short term staff absence was managed by existing staff using overtime or on occasions office staff supporting calls. They explained how they tried to maintain consistency of care however, this was not always possible due to staff working hours, holidays and sickness. Some staff did not drive and walked between care calls. Calls were arranged in geographical areas as much as possible to reduce travelling.
- Travelling time was given in between calls to allow staff to spend the allocated time with people.
- Safe recruitment systems were in place. Pre-employment checks were completed to make sure staff had the right skills and character. Staff files showed reference and DBS checks had been completed prior to employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Medicines were managed safely via an electronic care planning system. This ensured the correct medicine was offered at each care visit and recorded to confirm administration. Missed or refused medicines were seen by the office staff and where required, action was taken such as alerting family members or seeking medical advice.
- Staff received training in medicine management and had their competency regularly assessed.
- We reviewed medicine administration records (MAR) and found them to be clear and fully completed.

### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- The provider kept stocks of PPE and ensured staff had sufficient supply. One relative commented, "All the carers wear mask and gloves when they come into the house."
- Staff had received training in infection control and staff practice was checked during spot checks. This ensured the risk of infection was reduced.
- The provider supported people to attend vaccination sessions and provided people, their family and friends with supplies of PPE to promote their wellbeing.

### Learning lessons when things go wrong

- There were systems and processes in place to ensure any accident and incidents were recorded, actioned and analysed if they occurred.
- The management team were open and willing to learn and take action when things went wrong. Lessons learnt would be shared with staff if they occurred to improve the service and reduce the risk of similar incidents.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and understood the importance of involving people in any decisions about their care and support.
- Staff explained how they always asked for consent before providing care and support to people. One member of staff said, "I always seek consent and check [people] are happy."
- Although the registered manager and office team were aware of the MCA, everyone using the service had their mental capacity assessed regardless of whether they had the mental capacity to consent to their care, treatment and support. We discussed this with the registered manager and clinical compliance and training director; they confirmed assessment documentation instructions would be reviewed immediately.

We recommended the provider ensures all assessments are made in accordance with the MCA 2005 and records in place reflect this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure they could be met by the service. Care coordinators visited people before care commenced. The assessment considered people's medical history, medicines, personal care, call times and how the person would like to receive their care and support.
- The assessment also considered people's protected characteristics as part of the Equalities Act 2010 which includes age, disability and religion.
- Care records indicated regular reviews occurred to ensure people's needs were continually met.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them safely.
- Staff received induction training to equip them with the skills to meet people's varying needs along with a period of working alongside a more experienced member of staff before working alone. One person said, "Yes [staff are trained], and new staff shadow the more experienced ones."
- There was a process in place to monitor the training staff had received and to ensure training was completed in a timely manner.
- Training was completed both face to face and via e-learning and included safeguarding, medicines, basic first aid and moving and handling. Additional specific training was also provided to meet people's individual needs such as dementia and epilepsy.
- Staff received regular one to one supervision which provided them with an opportunity to identify any additional training needs along with offering the registered manager a chance to monitor and support staff in their roles.

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

- People were supported with their nutritional needs where this was part of their care plan.
- Care records included information about people's dietary needs and preferences to guide staff.
- The majority of people were happy with the support they received in relation to food and drink. A relative commented, "Yes they do meals. They are good when [person] says they don't want anything; they always find something to prompt them with and they are good at keeping a watch on the expiry dates on food in the fridge."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff team worked with social and health care professionals to meet people's specific needs. Such as district nursing teams.
- Staff were aware of actions they may need to take should a person's needs change and where required staff supported people to access medical support. One relative commented, "The carers report quickly if there's a problem – they'll call the ambulance, the doctor, and then me."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported by kind and caring staff. One person commented, "They are all very helpful, lovely, nothing is too much trouble." Staff regularly went above and beyond to provide people with exceptional care. For example, assisting people with online ordering, collecting shopping and medicines as well as taking people's dogs for walks. People were also supplied with emergency items such as gloves, power packs, torches, hats and energy bars.
- Staff knew people's preferences and choices and respected what was important to them. For example, one person had a specific routine which meant the timing of care calls were important to them.
- People's diversity and equality were respected, and individual likes and dislikes were documented in their care records.
- Staff completed notes after each care visit. Care notes sampled were person-centred and provided information about issues that might need following up at the next care call as well as general observations such as how a person was feeling.

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

- The provider and registered manager kept in regular contact with people and or their relatives to obtain their views and make decisions. One person said, "They've been out to do their annual check and they do phone me up." We saw the registered manager carried out reviews and made changes in response to any variation in a person's needs.
- Staff understood the importance of involving people in decisions about their care. Guidance around people's individual communication requirements were available for staff to view in people's care records.
- Surveys were sent out regularly to people and their relatives to ask them about their experience of care and support they received. Senior staff completed checks of staff practice which also provided an opportunity for people's views to be heard. A relative commented, "We had a survey from them four or five months ago. Occasionally, around three times a year, they come and check things with me."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and respect. A person said, "All the carers treat me with respect and do as much as they can for me. They don't rush me which is good." One relative commented, "The carers my relative has are really good, they treat my relative with respect and dignity."
- Staff we spoke with explained how they respected people's right to privacy and dignity and encouraged people to remain as independent as possible. One member of staff said, "I try to encourage people to do as much as they can for themselves and then offer support where needed. I will close doors and curtains if required to maintain their privacy."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us their care and support provision were centred around their choices and preferences of how they wanted their assistance delivered.
- People had personalised care records that contained information about their life along with guidance about how they wished to be cared for including their likes and dislikes.
- Staff we spoke with knew the people they supported well and were able to give details around how individuals liked their care to be delivered. Staff also confirmed care records contained information they required to assist people safely.
- People's care and support requirements were regularly reviewed, and care records were updated to reflect any changes in need. For example, in relation to mobility or personal care routines.
- People were supported to stay in contact with relatives and friends. For example, staff set up zoom calls with people and their families particularly during the recent pandemic to avoid social isolation.
- People were also supported to take part in events organised by the service. For example, people were invited to a tea party to celebrate the Queen's Jubilee. Care staff provided transport for those people who did not have transport to attend the event.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care record. Assessments considered the support people needed to communicate their needs and wants.
- The registered manager told us information could be produced in different formats such as large print to meet people's needs.
- Staff told us they were aware of people's individual communication approach such as gestures and body language to consent to their care or to communicate their preferences.

### Improving care quality in response to complaints or concerns

- People and relatives were aware how to complain if they needed to. One person said, "I'd speak with the carers, or phone the office." Another person said, "I would go to the office first, then head office." A relative

said, "I have emailed the office with concerns, and they're been responsive."

- A complaints policy and information about how to make a complaint were available and processes to respond to people's complaints and concerns were in place.
- Not all concerns received were formal complaints, however, we saw these were looked into and responded to in a timely manner. The registered manager hoped their regular, open communication with people and their relatives helped to resolve any concerns as soon as they arose.
- Feedback was encouraged, and people and their relatives told us the management team were approachable and responsive. The service had also received several compliments from people and their families in relation to the excellent care they had received.

#### End of life care and support

- No one was receiving end of life care and support at the time of the inspection. The registered manager said where they supported people nearing the end of their life, they would work alongside the person, their relatives and other healthcare professionals to ensure people's end of life wishes were met.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The majority of people spoke positively about the service provided and were complimentary about the care and support they received.
- Staff told us the service was well managed, they enjoyed their job role and felt supported and valued.
- The provider had implemented an electronic care system which complimented other processes used within the service. The new system enabled people and their relatives to have access to their care records, this gave relatives an oversight of the care delivered and improved communication channels.
- Staff also have access to the electronic system via an App on their phone. This enabled staff to have instant access to care and medicine records as well as tasks that needed to be completed during each care call. This meant any change or update to a person's need or plan of care was communicated promptly.
- Newsletter's for people and staff were in place to share information and news as well as thanking staff for their hard work.
- Other incentives were also introduced as a means of saying 'thank you' to staff. Such as long service awards, competitions and letters of thank you and badges in recognition of their hard work. Care staff and their families were also invited to office events such as coffee mornings and celebration events.

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

- People, their relatives and staff were confident if they raised any issues with the registered manager or provider they would be listened to and concerns would be acted upon.
- The registered manager was aware of their responsibilities regarding the duty of candour and strived to create open transparent relationships with people, their relatives, the staff team and external organisations such as the local authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a clear staffing structure and was well organised. Staff understood their roles and responsibilities and knew who to speak with if they had any concerns.
- Systems were in place to monitor the quality of the service along with staff practice, for example, competency checks were carried out on staff to ensure they were providing safe care.
- Checks, reviews and audits were also undertaken regularly to monitor the quality and safety of the service. Action plans were implemented and updated regularly detailing progress made within the service.

- The provider had a range of policies and procedures in place for staff to refer to such as infection control and safeguarding.
- The registered manager understood their legal responsibilities and was clear about when to notify CQC about important events such as safeguarding and serious injuries.
- The provider had recently implemented a 24-hour service for people to access, services such as a GP, counselling and physio for advice and treatment to enhance the quality of care provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were asked for their views about the service received. Generally, feedback was positive, and information was analysed, and an action plan implemented to continually improve the service provided.
- People and their relatives mostly confirmed they were kept up to date with any changes around the care they received and the wider organisation. We saw there were effective processes in place to communicate with people and their relatives, for example the electronic care planning system, weekly rotas and newsletters.
- Staff received regular one to one supervision with their managers along with competency checks, staff told us they felt involved in the service and supported in their role.

Working in partnership with others

- Professionals were positive about the quality of the service and the staff team.
- Most people were supported to access health and social care provision by their relatives. Where necessary, the agency shared information to ensure care was timely and joined up.
- The staff team and people using the service also completed various events within the community to raise money for local charity work. For example, Plymouth Argyle Community Trust to support local families and Sparkwell Zoo to upkeep animal welfare.