

Nurse Plus and Carer Plus (UK) Limited

Nurse Plus and Carer Plus UK Ltd

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?

Good 

Is the service well-led?

Good 

Overall summary

Nurse Plus and Carer Plus UK Ltd provide care and support to mostly older people, who live in their own homes. The services provided include personal care, and domestic work in Newton Abbot, Teignmouth, Shaldon, Dawlish, Bishopsteignton and the surrounding areas. The service also provides registered nurses to care homes, to support end of life care; this is not regulated by the Care Quality Commission.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Summary of findings

We visited the office on 21 December 2015. At the time of this announced inspection 150 people were using the service. The service moved offices and was re-registered with the CQC in December 2014. Therefore, this was the first inspection to be carried out at this office.

People and their relatives were positive about the way staff treated them. Each person we spoke with told us their care workers were kind and compassionate. Comments included “They’re kind, sweet staff, and make jokes” and “We discuss what we want done and they always meet those needs”. People told us staff were respectful and polite. One person told us “Staff are respectful and all care staff have a nice manner”. We saw staff and people interact in a friendly way. They obviously knew each other very well and care staff knew what people needed. The staff knew people’s interests and chatted with them about these.

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us “I feel 100% safe” and “I have a small team that I know and trust”. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service’s safeguarding policy.

People told us they were happy that staff knew how to meet their needs. People said “They’re brilliant, they’ll do anything to help me” and “Staff work in a unhurried way, going above and beyond”. Staff told us they were happy with the training they received. The service employed a training officer who provided face to face training. New staff completed training before going out to visit people. People told us they had a regular team of staff who had the appropriate skills to meet their needs. Another person said “I know my carers and they are flexible to my needs”. People told us staff were usually on time. They said “On the whole they are pretty good”. People told us if staff were going to be late, the office phoned them to let them know. Staff told us they were usually able to get to their visits on time. The office co-ordinator told us they tried to plan visits close together so travel time was reduced.

Care plans were developed with the person. They described in detail the support the person needed to manage their day to day health needs. Staff knew people well and were able to tell us how they supported people. During a home visit, we saw staff responded to people’s requests, met their needs appropriately, and knew how they liked things to be done. In one house, we were

unable to find the care plan. The daily update book was available and well completed. The registered manager put new copies in the person’s home to make sure staff had access to them.

Safe staff recruitment procedures were in place. Each staff file had a list to ensure all checks had been completed before staff started work in people’s homes. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people. For example, where one person had experienced a number of falls, staff told us they had discussed this with the person. The person had agreed that staff could remove a rug at the bottom of the stairs. This had reduced the risk and the number of falls. Where people were supported to have their medicines this was done safely. People had received their medicines as they had been prescribed by their doctor to promote good health. The service reviewed incidents and accidents to minimise the risk of them happening again. For example, one person was given the wrong medicines on one occasion. Staff contacted the person’s GP, and stayed with the person to make sure they were safe. Staff completed further training to prevent this happening again.

The registered manager sought regular feedback from people who used the service. For example, through questionnaires, telephone calls, and meetings. People and their relatives felt able to raise concerns or make a complaint. People said “I can’t complain at all” and “I’m perfectly happy, nothing could be better”. Where complaints had been received, these had been dealt with appropriately. One person told us the registered manager had listened to their concerns, “She sorted it out. I phoned and thanked her”.

Health care professionals told us about their experience of the service. Comments included “I have found them to have a professional and friendly approach” and “They are easy to contact and respond quickly”. Staff told us the registered manager and co-ordinators were approachable. Comments included “They’re really understanding” and “I can talk to them about anything”.

A comprehensive audit system was in place to monitor the quality of the service. The organisation employed

Summary of findings

auditors. They carried out audits every three months over three or four days. A health and safety panel met every month to look at incidents and identify any trends. The provider had reached quality standards to receive

accreditation from two independent organisations. The registered manager attended regular meetings at the organisation's head office. They met up with other managers and shared learning and good practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People and their relatives told us they felt safe when they received care. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people. The service reviewed incidents and accidents to minimise the risk of them happening again.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Good



Is the service effective?

The service was effective.

People had a regular team of staff who had the appropriate skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

The service employed a training officer who provided face to face training. Staff had completed training and knew how to meet people's needs.

Good



Is the service caring?

The service was caring.

People and their relatives were positive about the way staff treated them. Care workers were kind and compassionate.

People and staff knew each other very well. Care staff knew what people needed and how they liked things to be done.

Staff knew people's interests and chatted with them about these.

Good



Is the service responsive?

The service was responsive.

Care plans were developed with the person. They described in detail the support the person needed to manage their day to day health needs

Staff responded to people's requests and met their needs appropriately.

The registered manager sought regular feedback from people who used the service. People and their relatives felt able to raise concerns or make a complaint if the need arose.

Good



Is the service well-led?

The service was well-led.

People, staff and healthcare professionals spoke highly of the registered manager.

Good



Summary of findings

A comprehensive audit system was in place to monitor the quality of the service and make further improvements.

The provider had reached quality standards to receive accreditation from two independent organisations.

Nurse Plus and Carer Plus UK Ltd

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 checked 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 visit took place on 21 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people on 8 and 15 December 2015 and carried out visits to people in their own homes on 11 and 22 January 2016.

Two social care inspectors carried out this inspection, with two other inspectors carrying out home visits. Before the inspection, the provider completed a Provider Information Return (PIR). This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of our visit, 150 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with fifteen people and ten relatives. We visited three people in their homes. We spoke with six care staff, an office co-ordinator, the staff trainer, the registered manager, and the director of compliance and training. We looked at four care plans, medication records, three staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us “I feel 100% safe” and “I have a small team that I know and trust”. People told us staff were careful to ensure their homes were secured on leaving. Staff had received training in safeguarding vulnerable adults. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service’s safeguarding policy. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. One staff member told us they had phoned the office when they felt a person wasn’t safe. The registered manager had raised safeguarding concerns with the local authority safeguarding team, they had worked with other agencies to investigate allegations.

Risk assessments in relation to each person’s needs and their home environment, had been undertaken. These included information about action to be taken to minimise the chance of harm occurring to people and staff. For example, where one person had experienced a number of falls, staff told us they had discussed this with the person. The person had agreed that staff could remove a rug at the bottom of the stairs. This had reduced the risk and the number of falls.

People were supported safely with their medicines and told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff completed medication administration record (MAR) sheets after they gave people their medicines. MAR sheets were fully completed. This showed people had received their medicines as prescribed to promote good health.

The service reviewed incidents and accidents to minimise the risk of them happening again. For example, one person was given the wrong medicines on one occasion. Staff contacted the person’s GP, and stayed with the person to make sure they were safe. Staff completed further training to prevent this happening again.

Recruitment practices were safe and relevant checks had been completed. New staff told us references and a disclosure and barring service (DBS) check had been completed before they started to work in the community. The DBS provides criminal records checking and barring functions. The provider information return said “All staff undertake an enhanced DBS check at registration stage and if anything is highlighted then it is referred to the DBS panel”. Staff files contained a DBS check. Each file was audited to ensure all checks had been completed. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

The service had enough staff to carry out people’s visits and keep them safe. The registered manager told us they did not take on new care packages if they did not have sufficient staff to cover all of the visits. The provider information return said “Continuous recruitment ensures that staffing levels are sufficient to maintain a safe service”. Staff told us they had enough time at each visit to ensure they delivered care safely. People told us the service was reliable and they were never rushed.

There was an on call telephone number for people to ring in the event of an emergency out of office hours. There were arrangements in place to deal with foreseeable emergencies. The service had a business continuity plan. This gave information on the action to be taken in events such as loss of building, severe weather conditions, and lack of staff. The provider had a system in place to ensure visits to vulnerable people were prioritised.

Is the service effective?

Our findings

People told us they were happy that staff knew how to meet their needs. People commented “They’re brilliant, they’ll do anything to help me” and “We discuss what we want done and they always meet those needs”. People told us they had a regular team of staff who had the appropriate skills to meet their needs. Another person said “I know my carers and they are flexible to my needs”.

Staff told us they were happy with the training they received. The service employed a staff trainer who provided face to face training. We spoke with the trainer who told us the service had introduced the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The trainer told us new staff completed four days training when they started work. During our inspection, two new staff were working with the trainer in the training room. New staff worked alongside experienced staff to observe how people had their care delivered, until they were confident in their role. Staff competency was assessed and signed off when they were ready to work on their own.

Existing staff completed a two day training update every year. If staff felt they wanted any training in between this could be arranged. Additional training available to meet people’s specific needs included pressure ulcer prevention, diabetes, dementia, epilepsy and end of life care. Staff training certificates were kept in their individual files.

Staff told us they felt well supported. They received regular supervision which included observations of their care practice. The service carried out unannounced spot checks.

Each staff member had an annual appraisal to discuss their work and plan their objectives for the next 12 months. Records of supervisions, checks and appraisals were seen in individual staff files.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager had a good awareness of the MCA. Mental capacity assessments were carried out to check whether people had the capacity to make decisions. All staff completed MCA training to ensure they understood the Act. At the time of our inspection, each person had capacity to make decisions relating to their care. Staff gained consent from people before carrying out personal care and respected people’s choices.

People were supported to access healthcare services. For example, staff identified when people needed medical attention. Staff were concerned about one person’s health. They contacted the district nurses who visited and increased their visits to prevent the risk of this happening again.

Staff supported some people to choose and prepare their meals. Staff knew people’s food and preferences and how to support people to make healthy meal choices. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

Is the service caring?

Our findings

People and their relatives were positive about the way staff treated them. Each person we spoke with told us their care workers were kind and compassionate. Comments included “They’re kind, sweet staff, and make jokes”; “It’s a miserable day but you brighten it up” and “Staff work in a unhurried way, going above and beyond”. One person told us the best thing staff did for them was to syringe medicine into their cat’s mouth every day, which was obviously important to them.

People told us staff were respectful and polite. One person told us “Staff are respectful and all care staff have a nice manner”. We saw staff and people interact in a friendly way. They obviously knew each other very well and care staff knew what people needed. The staff knew people’s interests and chatted with them about these.

The registered manager told us in the provider information return that the skills and attitude of staff were included in the recruitment process to ensure the right staff were recruited. Staff spoke about people with compassion and concern. Staff members commented “I love what I do” and “I wish I’d started earlier. I love my clients, they are all individuals with different needs” and “I know they are all looked after”.

People were involved in developing their care plan. Comments included “We have always been involved in care planning and feel that they are 100% clear about what is going on” and “He is aware of his service plan and feels able to contact the office if ever there was something wrong or he needed to make changes to his plan”.

Staff spoke with people in a way they understood. For example, one person was very deaf. We saw that staff asked this person how they were and involved them whilst delivering their care.

Staff tried to reduce people’s anxieties and distress. For example, a relative told us their relation could get anxious. They told us staff talked things through with them, which helped to calm them.

People told us staff respected their privacy, dignity and independence. The importance of protecting people’s privacy and dignity was discussed in new staff’s training. We saw staff were caring when they assisted one person from the toilet, they let the person decide how much help they needed. Staff used people’s preferred name. Staff were able to access information about Dignity in Care, in the office.

People were supported to access information. For example, a range of free guides were made available to them. These were from the charity ‘Independent Age’ and gave information about advocacy services that were able to speak up on people’s behalf. Other information in the guides included tips to stay independent in your own home, how to stay physically and socially active, healthcare, and finances.

The service had received 12 compliments during the past year, from people, and their relatives. These thanked the staff for their care, kindness and compassion.

Is the service responsive?

Our findings

People's needs were assessed before they started to use the service. Staff told us care plans were usually in place but if a new person did not have one, they received information from the office. Care plans were developed with the person. They described in detail the support the person needed to manage their day to day health needs. Care plans were reviewed when people's needs changed. One person told us they had been asked for their opinions on their care.

Staff knew people well and were able to tell us how they supported people. During a home visit, we saw staff responded to people's requests, met their needs appropriately, and knew how they liked things to be done. In one house, we were unable to find the care plan. The daily update book was available and well completed. A relative found some records after we had left the house. However, the registered manager put new copies in the person's home to make sure staff had access to them.

People told us staff were usually on time. They said "On the whole they are pretty good" and "Occasionally they are a bit late but not often". One relative told us their relation went for a respite break every week. They said "Staff always make sure they are ahead of time, so they're ready to go". People told us if staff were going to be late, the office phoned them to let them know. Staff told us they were usually able to get to their visits on time. The office co-ordinator told us they tried to plan visits close together so travel time was reduced.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. People said "I can't complain at all" and "I'm perfectly happy, nothing could be better". Where complaints had been received, these had been dealt with appropriately. One person told us the registered manager had listened to their concerns, "She sorted it out. I phoned and thanked her". During our inspection, two people raised concerns about staff coming into their houses with dirty shoes which left marks on the carpets. The registered manager told us they would send out a reminder to staff to take another pair of shoes or wipes to clean their shoes.

The service sought regular feedback from people who used the service. People were contacted as part of the service's three monthly audit. People were asked for feedback on their experience as part of staff spot checks. Annual surveys had been sent out at the time of our inspection. These were returned to the service's head office. A report was then written and shared with the service. If improvements were needed, an action plan was also written. This would be followed up during audits. The previous survey was sent out in December 2014. The service had received 70 completed surveys. These were rated mostly very good and good.

Is the service well-led?

Our findings

Since our last inspection, the service had moved offices. Therefore, this was the first inspection to be carried out at this office.

The registered manager had completed the Level 5 Diploma in Leadership and Management. They attended regular meetings at the provider's head office, where they met up with other managers and shared learning and good practice. People spoke highly of the registered manager. Comments included "She's effective and trustworthy" and "I would go to the manager if I had any worries but I haven't".

Health care professionals told us about their experience of the service. Comments included "I have found them to have a professional and friendly approach" and "They are easy to contact and respond quickly".

In addition to the team of care workers, the service employed two office co-ordinators to cover two geographical areas and a senior staff member. Other roles included staff members with responsibilities for carrying out assessments and reviews; and recruitment and business development, and a staff trainer. Staff were aware of their responsibilities.

Staff told us they enjoyed their work and felt valued. Staff told us the registered manager and co-ordinators were approachable. Comments included "They're really understanding" and "I can talk to them about anything". The registered manager told us they felt well supported. The director of compliance and training visited the service to support the registered manager during our inspection.

A comprehensive audit system was in place to monitor the quality of the service. The organisation employed auditors. They carried out audits every three months over three or four days. The audit report for September 2015 showed that the following areas were looked at; care plans, staff recruitment and training, rotas, complaints, incidents, safeguarding and records. The auditor had also gained feedback through visits to people in their homes and speaking with staff. The auditor was satisfied with the quality of the service.

The provider had received accreditation from two independent organisations. The Contractors Health and Safety Assessment scheme looks at the provider's health and safety policy statement and their health and safety arrangements. The provider held a health and safety panel every month to look at incidents and identify any trends. The Recruitment and Employment Confederation audits the provider's training and gives them accreditation so they can deliver their own training and qualifications.