

## Nurse Plus and Carer Plus (UK) Limited

# Nurseplus UK

### 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 ●

# Summary of findings

## Overall summary

### About the service

Nurseplus UK is a domiciliary care agency providing personal care to 18 people at the time of the inspection in their own homes.

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.

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

People and their relatives told us they felt the service provided safe care. People felt the staff were well-trained and knew how to meet their needs. We received positive feedback about how kind and caring the staff were.

Care plans included information about people's assessed needs and wishes. The information was concise and contained clear directions for staff to ensure they delivered the care the person wanted and needed.

Where people had support with preparation of food and drinks, they told us they were happy with what the staff prepared for them.

If people had concerns or complaints, they knew who they could contact to raise these with. People and their relatives told us they would feel happy to contact the office and they felt their concerns would be acted upon.

People or their representative were involved in discussions and decisions about their care. People were supported to have choice and control of their care and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Where staff were required to administer medicines, there were clear guidelines in place for staff to follow to ensure these were given safely.

Risks to people's safety and wellbeing were assessed and risk reducing measures were documented in their care plans for staff to follow.

Staff were recruited following safe recruitment processes. These included the employer obtaining character, employment and background checks.

Staff received training in different formats, this included online learning and face to face sessions. Staff competencies were checked through direct observations and their performance was discussed at regular supervision meetings.

The registered manager had a good overview of the service. Audits were completed, and surveys were given to people, their relatives and staff. The registered manager conducted thorough investigations of any safeguarding concerns which were brought to their attention.

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 this service was good (published 14 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Nurseplus UK

## 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 Care Act 2014.

#### Inspection team

This inspection was completed by one inspector and one Expert 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

Inspection activity started on 25 September and ended on 26 September. We visited the office location on 25 September.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections and we used this information to plan our inspection.

During the inspection

We spoke on the phone with five people who receive care from the service and with five other people's relatives. We also spoke with three members of staff, including the registered manager. We reviewed the care plans and records for three people and looked at the staff recruitment files for three staff members. In addition, we also looked at records relating to the management and quality assurance of the service, including records of compliments and complaints.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service provided safe care. Their feedback comments included, "They are very well trained. They know a lot about safeguarding and mental capacity." Also, "They are so friendly, I trust them implicitly."
- People were supported by staff who had received safeguarding training. Staff understanding of safeguarding was reinforced during team and individual supervision meetings, and in communication updates.
- Staff understood their responsibility to identify and report any safeguarding concerns. They felt confident if they reported concerns to the registered manager or senior home care coordinator these would be addressed appropriately.

Learning lessons when things go wrong

- The registered manager completed a monthly analysis of any safeguarding concerns and complaints. One incident had occurred four months prior to the inspection. The registered manager completed a thorough review. This resulted in more robust and safe processes for night time care being implemented.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and risk reducing measures were documented in their care plans for staff to follow. The risk assessments we saw included for people at risk of falls, risks around the person's home, as well as risks when administering medicines.
- Risk assessments contained a detailed level of information. For example, one person had paraffin-based creams applied to their skin. The risk assessment included how often clothing and bedding should be changed to reduce the risk of having flammable fabrics near the person.

Staffing and recruitment

- People were supported by staff who had been appointed following safe recruitment processes. These included obtaining character, employment and background reference checks prior to the staff member starting work. The checks included satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.
- People and their relatives told us they received a schedule to inform them of which staff to expect. Each person we spoke with confirmed they had received good communication from the service if there were changes to the schedule.

Using medicines safely

- We received positive feedback from people about the support they had to take their medicines and prescribed creams safely. One person told us, "They record it all in a book, they keep me informed of what tablets I am on." Another person explained, "They apply the creams after my wash, they notice any red areas and pay particular attention to those."
- People's care plans had medicines guidelines in place for staff to follow. We saw protocols around the preparation of medicines, as well as medicines risk assessments to ensure safe administration.
- Medicines records were reviewed by senior staff upon return to the office, or during spot checks of people's care.

#### Preventing and controlling infection

- People were supported by staff who had received training in infection prevention and control.
- Staff had access to personal protective equipment (PPE) and carried supplies with them when visiting people. The PPE included items such as gloves and antibacterial hand-gel, to reduce the likelihood of any cross-contamination.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 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.

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.

- People told us staff asked for their consent and agreement prior to any care being delivered. One person explained, "We work through it together. I lead the care, I stand up when I am ready for them to do the next bit and so on." Another person told us, "They always ask." People felt involved in their care.
- If people had an appointed Lasting Power of Attorney (LPOA) in place, this was clearly documented in their care plan. An LPOA is a legally appointed representative for the person, who acts in their best interests when the person lacks capacity to make particular decisions. This meant staff knew who should be consulted with in the event of decisions about the person's care needing to be made.
- Where people lacked the mental capacity to consent to decisions about their care, this had been assessed in-line with the principles of the MCA.

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

- Prior to care packages being agreed, people's care choices and needs were assessed. People had care plans in place which reflected the assessments and reviews of their needs.
- Where people had documentation regarding resuscitation and hospital admission in place, this was clearly identified in their care plan. This meant staff knew where to access the document in the event of needing to provide or seek emergency medical assistance.

Staff support: induction, training, skills and experience

- People were supported by staff who were well-trained. Their comments included, "They're very experienced." "The main carer has a good knowledge of my medical condition." Also, "They know what

needs to be done, they don't need to be told." Every person or their relative we spoke with confirmed they felt staff had received the training required to meet their needs.

- Staff received training in a range of different areas to help them meet people's needs. Their mandatory training included safeguarding, the Mental Capacity Act, infection control, also health and safety. Where staff were supporting people with specific healthcare needs, additional training was sourced from the relevant healthcare professionals.
- Observations, spot checks and supervisions of care staff meant their competencies were checked regularly. Staff could discuss with the registered manager or senior home care coordinator if there were any areas where they felt they needed further training.

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

- People who had their meals prepared by staff gave us positive feedback about the standard of this support. Their comments included, "I am very happy with the food. They have put things in the freezer too which they have made, and it is always correctly labelled."
- We received consistently positive feedback about staff ensuring people had enough to eat or drink. People told us staff always checked they had a drink of their choice and had access to drinks before the staff left.

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

- People and their relatives told us they could contact the care office for support and assistance. They felt staff worked well together to provide them with consistent support. One person told us staff communicated well in their team to monitor their wellbeing. They said, "They take note of how I am and write it down so the next staff member visiting knows I wasn't as well as the visit before."
- If people were unwell or needed to be referred to a healthcare provider, the care staff supported them to access this support. One person's relative told us, "They react very quickly."
- When people's needs changed, or information was received following a healthcare referral, people's care plans were promptly updated. Staff were informed of the changes with immediate effect. This meant people were cared for by staff who were aware of their up to date needs.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We received consistently positive feedback from people and their relatives about the caring approach of the staff team. Their comments included, "My relative loves having them, they chat to her." "They're all lovely and so kind." Also, "They treat me as me, not like a geriatric."
- People's relatives told us they felt the staff knew their family member well. One person's relative said, "They know her well, sometimes she eats a lot, other times only a little and they know that." Another person's relative explained, "They know her very well, they have cared for her for over 10 years."
- People were cared for by staff who wanted to promote a good quality of life. One staff member told us about a person they supported gradually into a more appropriate home environment. This was following a fall and the person having reduced independence. The staff member told us when they visited the person in their new environment, they spoke about how much they loved where they were now living. They told us, "She was keen to show us around her new home. We had been worried about her, but she is so happy now. She is in a much better place for her." The person's relative shared their feedback with us and wrote, 'the continuity and friendship certainly made her life comfortable and pleasurable. With your staff and [management] intervention her wants and needs were always accommodated.'
- During a period of adverse weather care staff worked together to ensure people's needs were met. One staff member walked for three hours in the snow to make sure a person they regularly visited had their evening care call.
- People's relatives felt they also had been supported by the service. We saw thank you cards praising the staff team for supporting people's spouses and family members. One person's relative told us, "They are good at building relationships." Another person's relative wrote, 'Being able to have the direct contact with yourselves [and your] flexibility made for a reassurance that families need during difficult times. Thank you.'

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they felt staff respected their privacy. Examples of this included when being supported with their personal care needs.
- People felt staff understood the importance of confidentiality, particularly regarding their key safe number to access the property.
- The service promoted people's independence. For one person, they were unable to be as independent as they wanted to be due to safety risks and faulty mobility equipment. The service worked with the person and their LPOA. They understood the impact regaining some independence would have upon the person. The person's care package was changed to accommodate assisted trips out of the house with care staff.
- One person and their family had been receiving specific support to help them maintain their

independence while adjusting to a healthcare diagnosis. Their relative told us, "Finding places to eat can be difficult as a coeliac, but one staff member who is also coeliac has been helping us and that is useful." The staff member had been researching different restaurants to see if they offered a coeliac menu. Or they had been visiting the restaurants to see their menu's and passing on the information or recommendations to the person and their family. This meant the person could go out for a meal in confidence and with the knowledge the restaurant could meet their needs.

- People's wishes regarding the gender of staff member supporting them were respected. If a person wished to only be supported by female staff, they would not have a male staff member visit them. For one person, they requested to have some support from a staff member of the same gender and similar age to themselves. The person was matched with a suitable member of staff and the feedback from the person's family to the service was positive.

- Respecting people's privacy and dignity formed part of the training, induction and monitoring of care staff practice. People's care plans and written care records were respectful and person-centred. This all helped to ensure respecting people's privacy and dignity was promoted.

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

- People and their relatives told us they felt involved in decisions. One person's relative told us, "They give my relative the freedom to make their own decisions."

- People confirmed they had been involved in decisions about their care prior to the care package being given. People told us they also felt fully involved in decisions which affected their care as their needs changed.

- There were monitoring and review systems in place to check staff were delivering a good standard of care. These included face to face or over the phone reviews with people for their feedback and spot checks on staff while they delivered care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs and wishes were documented in their care plans. These gave clear guidance for staff on how to deliver the care the person wanted and needed to have. Comments received confirmed staff understood and supported people with their preferences. One person said, "They even know how many pillows I like."
- People and their relatives knew there were care plans in place. Those who had recently checked their plans confirmed the information was kept up to date.
- Staff were scheduled to attend people's preferred visit times where possible. Staff were scheduled to be at the person's home for the length of time assessed as needed to deliver their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service supported people who had personalised communication tools in place. For one person this included an electronic tool and staff received training in how to use this.
- Information could be adapted when required to meet people's communication needs. The registered manager told us they had the resources to provide information in large print, braille and audio. They said, "Whatever the person needs the information in, it can be accommodated."

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

- Some people had support to access the community and local events or places of interest. For one person this had included visiting a train museum, as they had an enjoyment for trains and engines. A staff member told us the person, "loved it".
- People and their relatives told us the staff provided people with social company during their visits. One person said, "I like them coming to visit, we always have a natter." Other people told us how they felt the staff provided them with welcome company when they visited. This helped people to avoid social isolation.

Improving care quality in response to complaints or concerns

- If they had concerns, people and their relatives knew who they could raise these with. Two people's relatives told us they had previously raised concerns with the office staff. They advised us these concerns had been addressed promptly, without the need for a complaint to be raised.

- Staff told us if a person had concerns but they did not want to, or were unable to discuss these over the phone, they would be visited to discuss in person. One staff member explained, "Sometimes you can tell when something is wrong, but the person won't say, so when I go to visit them I can get them talking and they feel more relaxed. Once we know about the problem, then we can help to make it better."
- Complaints were recorded and investigated thoroughly, with appropriate action taken to prevent where possible the likelihood of it happening again. The registered manager completed a monthly audit of all complaints to identify if there had been any themes of concern.

#### End of life care and support

- The service had supported people with their end of life care. The registered manager explained the service worked with health and social care professional to provide a joined-up approach to end of life care. They told us how they would work with the community nursing team, people's occupational therapists and palliative care teams.
- We saw written feedback from one professional about the quality of end of life care the service had recently provided. They stated, 'Nurseplus as a team provided such fantastic care, especially with a condition that presents such complex needs. [...] Thank you for allowing the time that was needed to sort out such sensitive issues, it is not always easy to plan for care changes which happen suddenly. [...] I cannot quite thank you enough and I know personally [the person] was so grateful for all your support. You enabled her to stay at home and to be as comfortable as she was, right to the end. This is credit to your fantastic support.'
- Staff also provided emotional support to people's families when their family member received end of life support. For one person's relatives, the person had passed away while staff were present. The relative asked the staff to stay with them and they did so.
- When putting end of life care plans into place, the service consulted with their manual handling trainer. One staff member told us they had found this input useful in ensuring they adapted their care delivery in accordance with the person's changing needs.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We received consistently positive feedback from people and their relatives who told us the staff, "deliver excellent care." There was good continuity of staff visiting people and therefore people felt the staff knew them well and they received person-centred care.
- The registered manager told us how proud they were of their staff team and their caring approach. They told us, "The staff here care about the job they are doing, they value the people they care for. I am really proud of the work they do."
- The values of the service were based around providing kind, compassionate and respectful care. The feedback we received from people and staff evidenced the values were embedded into the culture of the service. People were well treated and supported.

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

- The registered manager understood their responsibility to act upon the duty of candour. They explained, "It is about being honest, open and trustworthy, owning up when you are not sure or have made a mistake." Records showed the service had followed their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Care staff were supported by staff who were based partly in the office and also completed care calls. This meant senior staff who were involved in reviews and responding to concerns had met with each person who received care and understood their care needs.
- Learning and development in different roles was promoted by the registered manager. They had worked in different roles for the provider and progressed to their position. They were keen to help other staff maximise their skills and opportunities for development.
- The registered manager was in the process of completing their level five Leadership Award. They told us as part of the award they were required to complete a project and they had chosen to do this around safeguarding. They explained safeguarding was of particular interest to them and they were looking forward to further enhancing their knowledge.
- There were staff in regional roles who supported the continued quality performance of the service. These staff included an area manager, a safeguarding lead, clinical and compliance coordinator, and a quality auditor. The registered manager told us they felt well supported by the provider in managing the service and

keeping their knowledge up to date.

- The registered manager understood their regulatory requirement to identify and manage risks. They knew when to notify CQC and the local authority if safeguarding concerns or important events occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The registered manager attended networking and learning opportunities. These included those provided by the local authority, as well as recruitment events.
- Referrals for new care packages were mostly received from the local authority. One local authority healthcare professional spoke highly of the service. Their email explained, 'I will always keep [Nurseplus UK] in mind'. They said this was particularly when looking for care providers for people with complex neuro degenerative conditions.
- People who knew the management team provided positive feedback about how the service was managed. We received particularly positive comments about the high standard of care the senior home-care coordinator delivered.
- People and their relatives were asked to give their feedback about the service in three-monthly reviews and feedback surveys. The results from the most recent feedback survey were consistently positive.
- Staff were also asked to provide their feedback in surveys. The results from the most recent survey were mostly positive. The points staff felt there could be improvements had been collated and reviewed by the registered manager. There were actions in place to follow up and address all feedback around improvements.

Continuous learning and improving care

- There were quality monitoring systems and processes in place in addition to those monitoring staff competencies and people's feedback. These included quarterly audits completed by the quality auditor. The audits checked different areas of the service and the findings from these corresponded to what we found during the inspection.
- The registered manager had plans in place for the future development of the service. These focussed on continuing to provide bespoke care packages to meet people's needs. The registered manager was to further develop the staff team to also provide more complex care packages.