Nurse Plus and Carer Plus (UK) Limited

Nurse Plus and Carer Plus (UK) Limited - Suite 1 Wellington Square

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?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 17 December 2015. To ensure we met staff at the service's main office, we gave short notice of our inspection.

This location is registered to provide personal care to people in their own homes. The service provided personal care support to sixty people in the community.

Summary of findings

People who used the service were younger and older adults with physical or mental health needs or learning disabilities and people with palliative care needs.

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.

Eleven out of twelve people had continuity of care staff to support them with their care needs. Most people reported that no care calls were missed. However two people said their calls had been missed and one person said they had experienced calls at times they had not agreed. Staff said they were aware of occasional missed calls, but this did not happen regularly. The lack of consistency of care in this minority of cases did not meet people's preferences for continuity of care staff. The registered manager was in the process of implementing improvements to improve continuity of care staff to meet people's needs.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear control measures to reduce identified risks and protect people from harm. Risk assessments took account of people's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. There were sufficient staff available to meet people's needs. There were safe recruitment procedures in place which included the checking of references.

Medicines were administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew people well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed and were regularly reviewed.

Staff were competent to meet people's needs. Staff received on-going training and supervision to monitor their performance and professional development. Staff were supported to undertake a professional qualification in social care to develop their skills and competence.

Staff had completed training in the principles of the Mental Capacity Act 2005 (MCA). Staff were able to explain the requirements of the legislation and how they protected people's rights to make their own decisions. People had mental capacity assessments in place to determine whether they had the capacity to consent to their care and treatment following guidelines set out in the MCA 2005 Code of Practice.

The service supported people to prepare meals that met their needs and choices. Staff knew about and provided for people's dietary preferences and needs.

Staff treated people with kindness and respect. People were satisfied about staff conduct when their care and treatment was delivered. People's privacy was respected and people were assisted in a way that respected their dignity.

People were involved in their day to day care and support. People's care plans were reviewed with their participation and people's relatives and relevant others were invited to attend the reviews and contribute.

People were referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and care preferences. Staff promoted people's independence and encouraged people to do as much as possible for themselves.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive improvements.

There was an open culture that put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

Summary of findings

There were quality assurance systems in place to ensure essential standards of care and drive service improvements. The registered manager promoted an open and inclusive culture that encouraged continuous feedback from people and staff.

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.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager or to the local authority.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment systems were in place to ensure the staff were suitable to work with people who lived in the service.

Good

Is the service effective?
The service was effective.

The registered manager was meeting the requirements of the Mental Capacity Act (MCA) 2005 to assess people's capacity to make decisions about their care. Staff understood the requirements of the legislation and protected people's rights to make their own decisions.

Staff had received regular supervision to monitor their performance and development needs. The registered manager held regular staff meetings to update and discuss operational issues with staff.

Staff had the knowledge, skills and support to enable them to provide effective care.

People had access to appropriate health professionals when required.

Good

Is the service caring?
The service was caring.

Staff provided care with kindness and compassion.

People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by care staff.

Good

Is the service responsive?
The service was not consistently responsive.

Some people did not always have consistency of care staff to meet their preferences and provide continuity of care. Although improvement plans were in place to address this, further improvements were needed

Care plans and risk assessments were reviewed and updated with people's involvement when their needs changed.

Requires improvement

Summary of findings

People knew how to make a complaint and people's views were listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

The registered manager sought people's feedback and welcomed their suggestions for improvement. There was an open culture where staff could discuss issues and concerns with the registered manager.

Staff held a clear set of shared values based on respect for people they supported. They promoted people's preferences and ensured people remained as independent as possible.

There were quality assurance systems in place to maintain essential standards of care and continuously improve the service.

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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 was 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.

The inspection was undertaken by two inspectors. One of whom was a bank inspector who completed telephone calls to twelve people supported by the service and their relatives. We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC).

Before an inspection, we usually ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we had not requested that the provider completed a PIR on this occasion and we took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager and four members of staff. We looked at five care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we received written feedback from one professional that had direct knowledge of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe with the staff who supported them. One person said, “I trust them. I have no issues.” Information recorded at a recent review for someone read, ‘I feel safe.’ Staff told us, “I have had safeguarding training. I always report and record any issues” and “I make sure people’s equipment is within the service date and ensure batteries are charged during each visit” and “I have had medicines training and I have had my competence checked." Staff were vigilant to changes in people’s health needs and reported concerns to the office as required. Before starting a service, people received a service user guide. This provided them with information about how and where to report information of concern about their safety.

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and were able to describe these to us. Staff understood their duty to report concerns to the registered manager and the local authority safeguarding team. Records showed staff had completed training in safeguarding adults. There was a whistleblowing policy in place. Staff were aware of the policy and told us they would not hesitate to report any concerns they had about potentially poor staff care practices.

The registered manager completed staff rotas in advance to ensure that sufficient staff were available and deployed for each shift. There was an on-call system so that staff could report any issues arising out of office hours. The registered manager set up a priority system whereby people with the highest priority needs were ensured staff support in times of emergency need. Recruitment and staffing levels were reviewed regularly to ensure enough staff were deployed to meet people’s needs. Where people needed two care workers this was provided.

The registered manager told us they were continuously planning to ensure sufficient staff were available and this involved constant monitoring of rotas and staff availability. The registered manager talked to us about the on-going challenge of recruiting high calibre care staff. They held recruitment events at local venues to support on-going recruitment of staff. The registered manager had an on-going recruitment plan to ensure adequate staffing levels at the service.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed incident forms, informed the registered manager and other relevant persons. Accidents and incidents were monitored to ensure risks to people were identified and reduced. One staff member said they arrived at someone’s home and found they had experienced a fall. They told us they called the ambulance service and stayed with the person. They reported this to the office and the person was also referred for an occupational therapy assessment. The person was provided with a hospital bed to help them get in and out of bed and other walking equipment to reduce the risk of future falls. These risk management measures were taken to reduce the risk of incidents re-occurring.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately. One person had a risk assessment in place to keep safe when receiving support with moving and handling. The risk assessment recorded the person needed the support of two care staff when moving and transferring. Staff provided the person with personal care in bed for safety purposes prior to them receiving an appropriate hoist. This involved the use of slide sheets to support the person to safely reposition in the bed and protect them from skin breakdown or injury. The person, their relative and staff were provided with training to safely use the hoist to transfer the person out of their bed to chair.

People were supported to take their medicines by staff trained in medicine administration. Staff had their competency assessed by the registered manager. Medicines records and staff spot checks records showed that staff had completed medicines management training and were competent to give people their medicines. All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. Where people were independent with managing their medicines, this was clearly recorded. Medicines incidents were recorded. If an

Good

Is the service safe?

error occurred the staff member would be removed from duties. Any medicines errors were reported to the local authority and investigated by the registered manager to reduce the risk of reoccurrence. Staff received additional supervisions and completed competency assessments before resuming this role.

Staff were provided with personal protective equipment (PPE) such as gloves, gels and aprons, to reduce the possible risk of infection. Care plans recorded how staff should wash their hands after each task and that they must use aprons and gloves at all times. Staff were observed in practice to ensure they adhered to safe infection control practices. One staff member was recorded as having, 'Good knowledge of PPE.' Staff said, "PPE is provided. I call the office when supplies need to be replenished."

People's home environment was assessed prior to the service starting. Staff regularly checked equipment in people's homes to ensure it was safe to use. There were clear guidelines in place for staff to check equipment was fit for purpose. For example one person's care plan read, 'check hoist for damage. If any red is showing where the hoist poles meet the top plate, then do not use.' The care plan provided contact details for staff to request the equipment was serviced. Staff were required to ensure the battery which operated the hoist was charged at all times. The registered manager told us in one case they had completed an assessment with someone but were unable to provide care immediately. This was because the hoist at the person's home was assessed as not appropriate for the person's needs. They referred the person for an urgent reassessment of need. This ensured the right equipment was in place to provide safe care for the person and staff involved. Staff were observed in practice by care co-ordinators to ensure they were aware of health and safety measures to keep people safe. One staff member was observed supporting someone who needed a hospital bed. Observation records read, 'Hospital bed and pressure mattress used. Staff member observed adjusting the bed height. Correct health and safety techniques were used.'

Good

Is the service effective?

Our findings

People were satisfied with the support they received from staff. One person said, "They know what to do and are well trained." People said that staff had the right skills to do the job. Staff said, "The training in second to none. I am always asked if I need more training." Staff understood people's individual communication style and needs. One person used subtle communications such as eye movements and sounds to convey meaning. Staff knew the person well and understood what the person was telling them and responded to their needs. One relative had written as part of a care review, 'We are pleased with the main carer and X is happy with the care provided.'

Staff had regular supervision to discuss people's needs and their professional development. They were observed by care co-ordinators whilst supporting people in their homes to ensure they met essential standards of care. Staff were satisfied with the training and professional development options available to them. Staff were supported to achieve further qualifications in social care. Staff received formal annual appraisals of their performance and career development.

Staff had a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Essential training included medicines management, fire safety, manual handling, health and safety, The Mental Capacity Act (2005) and safeguarding. One staff member told us they had requested more in-depth practical training in first aid to give them confidence in the event of an emergency. They said the registered manager listened to their views and put in placed enhanced practical training which was implemented for all staff. There was a training plan in place to ensure staff training remained up-to-date. This system identified when staff were due for refresher courses.

The registered manager was due to implement the new 'Care Certificate' training for all new staff. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care.

People received effective support from staff that had been trained to help them to maximise their independence and increase their quality of life. Staff said they had training in specialist areas to support people with their individual needs. One staff member talked about Percutaneous Endoscopic Gastrostomy (PEG) training they completed. PEG involves a medical procedure in which a tube is passed into a person's stomach to provide a means of feeding when a person's oral intake is inadequate. A nurse provided the training to staff whilst they delivered care in the person's home. They told us they were provided with advice and support and were observed in practice by the nurse. This gave them confidence to support the person to receive adequate nutrition. Another staff member said they had completed training in advanced dementia care. This gave them the skills to support people with this health need. They told us it reinforced the need for them to be tolerant and repeat information to people and to offer people choices. They were more confident in alleviating people's fears by demonstrating understanding for them and positively distracting them when they became distressed. They told us about one person who often declined meals, as due to memory loss they thought they had already eaten. The staff member offered them regular small meals and snacks to ensure they had adequate nutrition.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager and staff. Staff had completed training in the MCA. This involved case scenarios to support staff understanding of the application of legislation in practice. People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests. Staff completed documentation when people's mental capacity had been assessed to determine whether they were able to make certain decisions.

There were consent forms in people's care files. Consent forms were signed by people where they had mental capacity to demonstrate they had agreed to the assessment of their care needs and how they should be supported. They had consented to have information shared with other professionals and relevant agencies. They signed the contract which gave their agreement to the terms of the service contract with the provider. There were

Good

Is the service effective?

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) signed consent forms in people's care files to determine people's preferences in the event they required resuscitation.

Staff talked to us about how they sought people's consent. They told us, "When I go into people's homes, by giving me access they are consenting to me being there. I always talk to people and explain what I am doing. People are happy for the support. If people don't want to do something, then I record this and report back to the office." Another staff member said, "Most people have some form of mental capacity. They are able to answer for themselves. I ask people what they want around day to day decisions. Sometimes people may need a little bit of prompting to make decisions." When people did not want to do something their wishes were respected. Staff discussed this with people and their decisions were recorded in their care records. For example, a staff member asked someone if they wanted to have a shave. They declined support and the staff member respected their wishes. They recorded this and sought to ask again at another time.

People were able to make choices about what they wanted to eat. One person had diabetes and maintained a low sugar diet which staff supported them with. Another person liked a specific breakfast to include porridge, sugar and a banana. Another person loved lasagne and needed staff to cut up their food. Another person liked interesting food containing spices and herbs. These preferences were recorded in people's care plans. Staff understood people's food preferences and acted in accordance with people's consent.

People were supported with eating where they had associated health needs. One person had been referred to a Speech and Language Therapist (SALT) for an assessment of need as they were at risk of choking. There were detailed guidelines in place for staff to follow in the event of a choking incident. The person needed to eat soft, fork mashable food. They drank from an adapted beaker using a straw and needed fluids to be thickened. Staff ensured the person had breaks after each swallow, to pace their food and drink intake, reduce the risk of coughing and allow recovery after coughing. Staff were vigilant for signs such as excessive coughing, choking, wet sound vocalisations and chest infections. These measures reduced the risk of choking and promoted the person's independence when eating meals and having drinks. This information was provided to the person in an accessible format using pictures, symbols and easy to read sentences to support the person's understanding of their health needs. Staff understood the person's support needs. They told us they were actively involved with the person's nurse and talked to them when they had any concerns.

People had health care plans which detailed information about their general health. People were supported to attend health appointments where needed. Staff were vigilant to changes in people's health needs and made referrals to relevant health professionals when needed. People's health plans were agreed in consultation with the person, staff, their relatives and relevant health professionals in their best interest. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

Good

Is the service caring?

Our findings

People said they liked the care staff. People said they were happy with the conduct and attitude of staff that supported them. One person said, "I'm really made up with my carers. They are good. I mostly have X and she is very friendly." Another person said, "I've had my carer for a long time. We get on very well." Another person said, "The carers know how to handle children, especially the more mature carers." One staff member said, "Nurse Plus is a caring company. The management cares about the clients." One person had written, 'Thank you to all at Nurse Plus for the kindness and care given to [our relative]. It is greatly appreciated' and 'Everyone was so kind, caring and compassionate and professional. [Staff] not only cared for X so well but were there for me at this very emotional time.' One relative had written as part of a care review, 'The family feel that X is included in all aspects of their care and feel that carers communicate with X which is important, thus giving them support and independence." Another relative wrote as part of a care review, '[Staff member] has a fantastic rapport with X. They ensure that all X's needs are met and they go above and beyond in their duty of care.'

Staff were observed in practice by care-co-ordinators to ensure they provided support in a caring and compassionate way. Spot check records read, 'Staff Y was very calm and communicated well with X' and 'Y was calm and reassuring with X.' Another staff spot check recorded, 'Excellent approach to client. [Staff member] has a gentle approach and is kind and caring. Friendly but professional manner and an excellent rapport with the client.'

Staff promoted people's independence and encouraged them to do as much as possible for themselves. Support plans clearly recorded people's individual strengths and independence levels. One person's care plan had recorded that they were able to self-administer their medication and were able to take their own blood sugar readings to monitor their own health needs. Staff were only required to prompt them to monitor and check their blood sugar levels. One person had non-verbal communication. Their care plan detailed how they communicated with staff to promote their independence. For example, they would often tap on the table to attract staff attention. Their care plan recorded that they were able to use their wheelchair independently to get around their home, that they could transfer out of their wheelchair and were able to carry out personal care tasks independently. Staff promoted people's independence and had balanced people's right to freedom of choice whilst managing potential risks. One relative had written, 'Many thanks for all your care and consideration for [our relative]. With your help they continued to be independent in their own home.' Staff said, "I know what people are able to do for themselves. I ask people whether they want to help me do something, like make a cup of tea. I encourage people to do tasks for themselves where they are able."

People told us their choices were respected by staff. One person said, "I get a choice of food and they ask if I want to go out for a walk." Another person said, "They help me to get dressed. I choose what I want to wear." A third person said, "I choose what days I want to have my hair washed and whether I have a shower or not." Staff were aware of people's history, preferences and individual needs and this information was recorded in their care plans. People spoke regularly with staff about their care and support needs. Everyone we spoke with said they had a care plan that was up-to-date and covered all of their support needs. People told us they were involved in making decisions about care they received and were involved in reviewing their care plan needs. One person said, "I have my care plan and have been involved. The carers write in the plan every time they come. I'm happy with it."

Staff treated people with respect and upheld their dignity. People said, "The door is closed when I'm not fully dressed" and "They ask permission before they do anything." Staff said, "I talk with people about what I am doing and ask them if it is ok with them. If people decline something I respect this. I give people personal space and talk with them. I respect their home" and "I worked with one person who at first did not accept support with personal care. One day they accepted my support. I felt honoured as they trusted me to help them." Another staff member said, "I always ask people how they want to be supported with their personal care first. I always cover the core of the person's body to keep their modesty and ensure people are never fully uncovered at one time. I reassure people and give them instructions to support them." Information recorded at a recent review for someone read that staff respected them and promoted their dignity needs. People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. Respectful language was used throughout care plan records. People were treated as individuals and were given choices.

Good

Is the service caring?

Advocacy services were available to people at the service. Advocacy services help people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and responsibilities and speak out about issues that matter to them. Staff supported someone to access advocacy services. The person had non-verbal communication and communicated to staff by writing emails and writing down information. Staff supported the person and worked with them and their advocate. Professionals meetings were held with written representations from the person's advocate to ensure their views were listened to regarding their support needs. Staff ensured people were informed of their rights and supported people to access this service to make independent decisions about their care and support needs.

The registered manager told us about how they supported people with end of life care needs. People's needs were assessed before they received a service. People's personal information and life history was recorded to enable staff to support people in a person-centred way. Staff said, "I provide everyone with support to include the client and their family. I am there for them. I support their everyday needs and report back to the office as needed." People's families were present where possible to support people and to inform care planning for people. One relative wrote, 'We would like to thank staff for all the care given to X in their last few months.' Another relative wrote, 'Thank you for all the care and attention given to X in the last few weeks of their life. All of the carers were excellent and all helped X by helping with their everyday needs. We couldn't have done it without your help.' One relative wrote, 'Thank you for your friendship and support in attending X's funeral. I really appreciate this and I know X would as well.'

Requires improvement

Is the service responsive?

Our findings

Eleven out of twelve people told us they were satisfied that care staff provided care calls at the agreed times. However, one person told us, “Carers do not turn up at the time they are meant to. They have cancelled visits and I have not been informed. In December they have missed a few visits.” One person’s relative told us, “When carers are off sick the agency is not able to find cover. I’d say 80% of the time the agency can’t cover staff on sick leave. They do let me know when this is going to happen and they do try their best to find someone but mostly it doesn’t happen. The good thing is that carers are not off sick often.”

Eleven out of twelve people were satisfied with the support they received. However two people were not satisfied with all aspects of the service. One person told us, “When the carers don’t turn up or arrive late this is an issue. One night the carer didn’t come until 11.30pm so I had my tablets really late that day." One person said, “Today I had a new carer and they made me too much to eat. Normally they ask how much but today they just made a lot.” Eleven out of twelve people said staff followed their care plan and their needs were fully met in line with their assessed needs. One relative said, “X gets the care they are meant to have.”

Eleven out of twelve people said they had consistency of carers. However one person said, “I see two new faces every week.” Staff said they usually visited the same people on a regular basis. They said that they sometimes had to cover for staff absence and sometimes visited people they had not met before. They said they had rotas in advance of calls. Sometimes they were asked to cover calls at short notice and may be asked late into the evening to cover early morning calls the following day which could be challenging. Staff said they had to check their emails all the time, as rotas changed on a regular basis. They told us this could not always be avoided, but that this had an impact on their work life balance. The registered manager told us they were continuously reviewing continuity of care staff. They were looking to provide care staff who lived in the same area as people they supported, to reduce travel time and improve continuity of care for people.

Two out of twelve people said they had experienced missed calls. Most staff told us there were no missed calls that they were aware of. One staff member was aware of a recent missed call. They said the person had not called the office to let them know the staff member had not turned up. They said this was based on human error as the staff member had incorrectly read the rota. The registered manager said there were very few missed calls. The registered manager told us there was a new IT system in place which could be used to track missed calls. The registered manager told us they were reviewing how the computer system could better support them to access information about missed calls to reduce future incidence.

The registered manager told us about one person who was repeatedly cancelling calls and was identified as being at risk of self neglect. In response to this the registered manager arranged a professionals meeting to discuss the needs of the person in their best interest. A member of staff with whom the person had a good relationship was identified. After developing a relationship of trust the person accepted care calls to support them to manage their health and welfare needs.

Peoples’ care plans included a section called ‘About Me’ which recorded their personal history, choices and described how they wanted support to be provided. This gave staff information to enable meaningful conversations with people about their hobbies and interests. People set goals and outcomes they wanted to achieve, for example one person wanted to remain independent and stay living at home for as long as possible. Staff talked with people about their care and support needs during each support session and at direct review meetings. This ensured people were consulted and involved with the planning of their care and support.

People were supported to pursue interests and maintain links with the community. One person was supported to go to a day centre to meet with their friends. Records showed they had been supported to go to the day centre where they had participated in activities, met with their friends and went to the shops and the beach at Eastbourne. On another occasion they had gone to a disco and did some dancing. Another person was supported to go on family outings. They had taken part in activities such as laser quest and bowling. Staff had supported them to attend activities in the community with their family.

People’s preferences were clearly documented in their care plans and staff took account of these preferences. For example one person liked their food to be cooked in a steamer and this was recorded in their care plan. They had a white board in their kitchen where they wrote messages to staff about their meal choices and any specific requests

Is the service responsive?

they had about their support needs. The person had selected their preferred staff to promote their continuity of care. The person was supported in line with their choices and preferences.

Staff supported one person to enable their main informal carer to have regular respite from their caring role. The person needed the support of two people to transfer and mobilise. The registered manager ensured the informal carer had access to regular training in moving and handling to ensure the person provided safe care. The person was prone to skin breakdown and was visited by the district nurse team regularly to dress any pressure sores. The staff completed body maps and records to communicate any changes in the person's pressure area care to ensure they received continuity of care from staff and health care professionals. Records informed that staff had contacted the person's district nurse to keep them informed about changes in their health needs.

The registered manager talked to us about one person who they had supported to develop their independence levels due to their mobility needs. The person had lifeline installed. This is a device to enable people to contact emergency services in the event they have a fall or another type of incident. The person had been referred for an assessment of need to an occupational therapist. The person required a level access shower to help them access the shower more easily and promote their independence. The person had a wheelchair which they used to access all areas of their home and supported them to go out in the community and remain as independent as possible.

One person had reported dissatisfaction with their care in the recent past. In response to this the registered manager arranged a meeting with the person and other relevant professionals to discuss their concerns. The person declined to attend the meeting, however they instructed their advocate to provide a written statement about their views. The registered manager addressed the person's concerns and put in place measures to ensure they had calls from a consistent staff team and at regular and agreed times. This ensured the person was able to eat at the right times to meet their physical health needs. They updated the person's care plan with more details of their routines and preferences to ensure staff met their assessed needs. The registered manager had set up regular email communications with the person and their social worker to ensure any reported concerns received were responded to and dealt with promptly.

The provider sent surveys to people annually and the registered manager contacted people every three months. This encouraged people to give feedback to inform the development of the service. The registered manager told us that survey responses were sent to the provider's head office and the results were analysed. They told us they were awaiting a report from the results of the last survey. Where any issues were identified these formed part of an action plan. The registered manager was required to address any actions. Audits were completed by a compliance auditor who monitored the service on a monthly basis to ensure any issues were addressed.

We asked people what they would do if they had any concerns about the service. Everyone said they had not reported any concerns. One person said, "I haven't got any concerns but if I did I know who to contact at the agency." One person had made a complaint about lack of continuity of care staff and other issues. Care co-ordinators were retrained as they had missed an email from the person which had led to a missed call. The person was provided with rotas each week which were emailed to them. The font size of the rota was enlarged to make it more accessible for the person to read. This was also sent to their social worker to support effective communications between relevant professionals. They contacted the complainant to explain to them what measures had been taken and what outcome they wanted from the complaints process. It was recorded that the person declined a review of the care needs offered to them at that time.

The complaint policy was available in a service user guide which people received before starting a service with the provider. The complaint policy was written in accessible language with pictorial aids to support people to understand how to make a complaint where they may have a learning disability.

Good

Is the service well-led?

Our findings

Staff told us there was an open culture and they could talk to the registered manager about any issues arising. Staff said, "There is a good staff team" and "I am happy with the job at present. I am supported. There is an open culture and I feel able to talk to the manager." Another staff member said, "The manager is approachable. They take on board what you are saying" and "I am happy with office communications and feel I can talk to staff and management at Nurse Plus."

The registered manager told us they promoted a culture based on the principle of a 'celebrity service.' This meant that people should all receive the same high standard of care service. Their objective was to promote a positive culture where people's opinions were listened to and acted on.The registered manager told us they had relocated the homecare service staff into one office to improve communication. The registered manager was also located in the same office, so they could intervene and support the staff team when required.

Both registered manager and staff shared a clear set of values. They promoted openness of communication. The provider's statement of purpose stated that people were to be supported to remain independent, to be provided with person-centred care, to deliver best possible care, to give people a better quality of life and to help people make their own decisions. Staff talked to us about how they supported people to improve their quality of life and ensure people remained as independent as possible.

The registered manager had put in place an 'Employee of the quarter' recognition scheme to recognise and acknowledge staff who demonstrated a high standard of care to people. Staff were encouraged to nominate other staff members who had demonstrated best practice in care delivery. This supported staff to feel valued, increase their morale and reflect on their care practice and to celebrate best practice. The most recent awards were given to three members of staff as a result of the positive feedback received from people they supported.

Staff attended regular team meetings to discuss people's support needs, policy and training issues. The registered manager told us that they were continually making improvements to continuity of care staff for people. To support this they discuss the need for staff to provide their availability for rotas. To develop this the registered manager introduced an 'availability sheet'. Staff were informed they needed to complete this to enable rotas to be developed to meet people's preferred times. This system was designed to promote continuity of care for people, continuity of rotas and reduced travel time for care staff. Staff were informed of any changes occurring at the service and policy changes. All the policies that we saw were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff.

The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents and proactively shared identified risks and risk management plans to support people. The registered manager demonstrated they understood when we should be made aware of events and the responsibilities of being a registered manager.

There were quality assurance systems in place to monitor and drive service quality improvements. The provider's compliance auditor visited the service every month. They completed audit reports to ensure compliance and identify any areas for service improvement. They developed action plans for the registered manager to address issues within a given timeframe. For example one audit identified the need to ensure all staff interview forms and health declarations were completed as part of the staff recruitment process to ensure staff were fit for their role. These shortfalls were recorded and addressed in accordance with the action plan.

The registered manager completed monthly care plan audits to ensure that they were up-to-date and that actions had been addressed. Records and care plans were up-to-date and detailed people's current care and support needs.

A monthly medicines audit was completed. A minor recording error was identified as part of a recent audit. The staff member was given additional training and supervision and had their competence rechecked before resuming this role. This system helped ensure that people received their medicines safely and this was accurately recorded.

Care co-ordinators completed staff observations by means of spot checks in people's homes. They completed spot checks every three months to monitor staff practice and record staff's timeliness and performance. The registered

Good

Is the service well-led?

manager audited spot checks to identify any need for additional staff training. This programme of spot checks was due to be increased to drive care delivery improvements. All staff training was monitored to check staff attended scheduled training and refresher courses.

Environmental health and safety assessments were completed before people received a service to ensure people and staff were safe when providing a care service. This included an assessment of access to people's property, safe installation of gas and electricity, fire and plumbing safety precautions in place.

Staff recorded incidents and accidents when they occurred. The registered manager regularly analysed records of incidents which took place to review any patterns of incidents. Effective control measures were in place to reduce risks to people and the likelihood of incidents reoccurring.