

Nurse Plus and Carer Plus (UK) Limited

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Inspection report

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Date of inspection visit:

06 July 2017

10 July 2017

Date of publication:

17 August 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

The inspection took place on 6 and 10 July 2017 and was an announced inspection. The registered manager was given 48 hours' notice of the inspection.

Nurse Plus and Carer Plus (UK) Limited provide care and support to people in their own homes. The service is provided to mainly older people and some younger adults. At the time of the inspection there were approximately 120 people receiving support with their personal care. The service undertakes visits to provide care and support to people in Dover, Deal and surrounding areas. Visits can range from half hourly calls to providing 24 hour support.

The service is run by 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.

Medicines were not being managed safely. Medicines were being left out for people to take after the staff had left their homes without full risk assessments in place to ensure this practice was safe. Medicine records were not clear to confirm that people were receiving their prescribed medicines.

Risks associated with people's care had been identified, and guidance about how to manage risks and keep the person safe were in place. People told us that staff always wore gloves and pinnies to carry out personal care in line with infection control procedures.

People and relatives told us they felt safe whilst being supported by the staff. Staff had received training on how to keep people safe and had a good understanding of how to recognise and report any suspicion of abuse or harm.

People told us that the staff were reliable and they received their care from regular staff. Staffing levels were kept under review and there was ongoing recruitment to ensure there were sufficient staff to cover the calls.

Staff completed training in line with their role. Their competencies were observed to ensure they had the knowledge and skills to keep their practice updated. Staff completed a full induction, which included shadowing experienced staff so they were aware of people's needs and routines.

People said the staff asked for their consent at each visit. Staff told us how they offered people choices to make their decisions about their care. Staff had an understanding of the Mental Capacity Act 2005 (MCA) and how it impacted on the people they supported.

People were supported with their health care needs and to access the doctor or other health care professionals, such as community nurses or occupational therapists. The office staff ensured that any health

care issues reported to the office were followed through to ensure that people received the help they needed.

People and relatives told us that they were supported to eat, drink and maintain a healthy diet.

People and their relatives told us the care plans were personalised to ensure that people received care and support consistently and according to their wishes. People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their personal histories and preferences.

People said staff were kind and caring. People said staff were responsive to their needs and listened and acted on what they said. People were treated with dignity and respect and their independence was encouraged wherever possible.

People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided. Any negative feedback was used to drive improvements to the service. People felt there had been many changes at the office, which had improved the delivery of care.

The registered manager and an oversight of the service being provided. The audits in place, including spot checks on the staff ensured that the quality of service was checked to assess the care being provided.

People, relatives and staff told us the service had improved since the new registered manager started. They said the timings of the calls and continuity of staff had also improved.

Staff understood the visions and values of the service, such as, providing person centred care, treating people as individuals with dignity and respect.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People were not always receiving their medicines safely.

People told us they felt safe and staff knew what to do to make sure people were safeguarded from abuse.

Risks to people were assessed and guidance was in place for staff to keep people safe.

People's needs were met by sufficient numbers of staff and staff were recruited safely. Regular staff provided people's care and support.

Is the service effective?

Good ●

The service was effective.

People received care and support from trained staff who knew them well.

Staff ensured that people were supported to make decisions about their care.

People were supported to eat and drink to maintain a healthy diet.

The service worked with health care professionals to ensure people received the support they needed.

Is the service caring?

Good ●

The service was caring.

People told us that staff were respectful and kind. They said they were treated with dignity and their independence was promoted.

People were supported to make their own choices and preferences about the care and support they received.

Advocacy services were available should people need additional support.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they started to use the service. This information was used to form a personalised care plan. The plans had been reviewed regularly and updated with people's current care needs.

People told us they knew how to complain but did not have any concerns.

The service supported people to access the community and social activities of their choice.

Is the service well-led?

Good ●

The service was well-led.

The registered manager worked with staff each day to provide advice and guidance.

People and staff told us the registered manager was well organised and there was an open positive culture in the service.

Checks and audits were in place to monitor the service and check the quality of care being provided.

Feedback was sought from people and staff to give them an opportunity to voice their options to improve the service.

Nurse Plus and Carer Plus (UK) Limited

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 was planned to check 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 took place on 6 and 10 July 2017 and was announced with 48 hours' notice to make sure people we needed to speak with were available. The inspection carried out by two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of caring for older family members who have used regulated services.

This was the first inspection of this service since they registered in February 2016. On this occasion the provider had not received a Provider Information Return (PIR) to complete. 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. Prior to the inspection we reviewed other information we held about the service. We looked at any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included eight people's care plans and risk assessments, five staff recruitment files, staff training, supervision and appraisal records, visit and rota schedules, medicine and quality assurance records and surveys results.

We spoke with 15 people who were using the service, five, of which we visited in their own homes; we spoke with seven relatives, the registered manager, a member of the organisation's compliance team, and seven members of staff.

Before the inspection we contacted three social care professionals who had had contact with the service and received feedback.

Is the service safe?

Our findings

People and relatives told us they felt safe when staff supported them in their home. They said, "I feel far safer now I know someone is coming in to visit me, it doesn't matter what time they come as long as I know they are coming", "Yes all the carers are very good and I feel much safer now they are going out to help me. I know exactly who to call if I am worried and have all their numbers just in case". "I feel most safe when staff are helping me and I could not do without them, they go beyond the call of duty ", "I feel safe; my carer is a nice person, genuine and honest" and "The staff now are very good, I can trust them. They have badges and a code for the door in the morning".

A relative said, "I feel my relative is safe using the service. I would call the office if I was worried about their care with no hesitation".

People told us they were supported to take their medicine at the time they needed to they said, "I feel more secure now I know they can keep an eye on all my medicines and check I have taken the right ones". A relative commented, "My relative is a diabetic and the carer sorts out their tablets and makes sure they have had their insulin on time. Their medicines are handled very professionally".

Although people told us that they received their medicines safely, shortfalls in the management of were identified which put people at risk of not receiving their medicines safely.

One person was prescribed a transdermal patch. This was a medicated adhesive patch that was placed on the skin to deliver a specific dose of medication through the skin into the bloodstream. Guidance for staff was to change the patch twice a week. An 'application record' was used by staff to record the date the patch was applied and removed. The record was inconsistent, the patch was applied on 26/05/17 and removed 29/05/2017, applied 29/05/2017 and the removed date was blank, applied 28/06/2017 and removed 28/06/2017 and applied 05/07/2017 and removed 05/07/2017. It was therefore not clear whether this person was receiving their medicines safely and the pain relief they needed.

Another person had been admitted to hospital as they had not taken their medicines safely. On their return home from hospital staff were asked to administer all of the medicines, however the number of calls was not sufficient to coincide with the times when the medicines needed to be given. This resulted in staff leaving out medicine for the person to take later. The person's care plan stated that their memory was poor and they forget things, but there was no capacity or risk assessment in place to confirm they were able to manage their medicines safely. The medicine policy did not have any guidance for staff with regard to leaving out of medicines for people to take later.

Some people were given medicines on a 'when required basis', these were medicines for pain like paracetamol or medicines for an upset tummy. Not all care plans had 'as and when required' protocol in place to ensure that staff were aware of when people required their medicines. Daily notes for one person stated that they had left one paracetamol and one indigestion table out for the person to take later. These were not recorded on a medicine record and there was no risk assessment to confirm how this was being

managed safely.

Medicines administration records (MAR) were not consistently completed correctly. For example, on one person's MAR the staff had not signed to record the medicine had been administered on 02 July 2017. We checked this person's daily notes and staff had noted on 02 July 2017 'Supported [person] into bed. Medication administered and witnessed taking'. Staff had signed the MAR on 01, 03, 04 and 05 July 2017. We looked at the staff communication book to see if staff had made any notes regarding this and there were no entries relating to this person on those dates. Staff administering medicines from 03 July onwards would have seen that the previous day had not been signed for and had not reported this.

Another MAR sheet had not been completed to confirm the person had received their medicine. One person was prescribed amitriptyline 25 mg tablets to take one in the morning, one at lunch time and three at night as directed by the doctor. The MAR sheet did not confirm this had consistently happened on week commencing 08 May 2017. There were only two entries which stated the person had this medicine in the morning on 08 and 09 May and one at night time on 10 May 2017. On the back of the MAR sheet it stated that on two occasions, 11 and 16 May 2017 no tablets were available. The daily notes for these days stated that medicines had been given and there was no further mention that the amitriptyline was not available. We spoke with the registered manager who arranged for a review of the medicines without delay to ensure that the required medicines would be available and the person would be receiving them safely. Clarity was also required about who was responsible for ensuring people did not run out of their medicines

The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were being supported to move safely. One relative said, "My relative needs all sorts of equipment to help them not just with their breathing but also with moving them and the staff are all very good with it and know what they're doing. The main care worker is very able and knowledgeable about all the equipment my relative needs and uses and that takes the strain and worry off me knowing he's safe and has all the necessary equipment". Records showed that all equipment was checked to ensure it was safe to use.

Each person who needed support with their mobility had a 'TILE (Task Individual Load Environment) assessment' which explained how to support people with their mobility. The assessments had step by step guidance to guide staff how to support people to move consistently and safely.

People were protected against the risks of potential abuse. People were supported by staff who understood their safeguarding responsibilities. Staff were able to tell us about the different types of abuse and what they would do if they had a concern. One member of staff commented, "I would report any concern – I wouldn't hesitate". The provider had a policy for safeguarding adults from harm and abuse and the Kent local safeguarding protocols which staff followed. This gave staff information and guidance about preventing abuse, recognising signs of abuse and how to report concerns. When there had been notifiable incidents these had been consistently reported to the Care Quality Commission and / or the local authority in line with guidance.

There were sufficient staff employed to give people the care and support they needed. When possible people had regular staff to provide their care and support. People said, "I do have one carer in particular who deals with me but they all know what's what when they come" and "We do have a main care worker and we always know who is coming". Relatives said, "My relative has the same carers five mornings a week and sometimes the same staff on a Saturday too so I can't fault it at all".

Duty rotas showed staff were allocated calls in the same geographical area and travel time was included between calls. Checks were completed to make sure people were given the opportunity to raise any concerns and to check staff arrival and departure times. People told us that staff usually arrived at the allocated times and stayed the full duration of the call. They said, "The office is very helpful and the staff are always on time and when expected" and "They [the staff] let me know if they're going to be late, I have never been forgotten. We get a letter every Friday to say who's coming and what time they're arriving". However, two people told us that the timings of the calls could be better and that sometimes they are not informed if staff were running late. Some staff told us that at times travel time could be improved but this had got better since the new registered manager had taken over.

One person told us that they were not happy with the timings of their calls and the consistency of care being provided. They felt the office was not synchronizing their calls and the weekly schedule was not being adhered to. The registered manager was aware of these issues and told us that they were liaising with this person to resolve any concerns and improve the consistency of care.

Other people told us that the consistency of care was good, they said, "My relative has the same carers five mornings a week and sometimes the same staff member on a Saturday too so I can't fault it at all".

Staffing levels were monitored to make sure there was enough staff to cover the calls. An on-call system was available for people and staff to contact outside office hours. A member of staff commented, "We have a good on call system here that know the carer and the client".

People told us they had not had any calls missed. The registered manager checked regularly for missed calls and a report was sent each week to the compliance quality manager who monitored the service provided. Staff had guidelines to follow if people did not respond when they called and staff did not leave the premises until the person was located and found to be safe.

Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. Information had been requested about staff's employment history and any gaps in people's employment were discussed at interview. Two references were obtained, including from the last employer and proof of identity was provided. Health questionnaires and equal opportunities monitoring formed part of the application process. Staff told us checks were carried out before they started working at the service and that they provided at least two referees. Disclosure and Barring Service (DBS) criminal record checks were completed before staff started working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider's recruitment and disciplinary policies and processes were followed and these records were stored securely to protect people's confidential personal information.

Environmental risk assessments were in place which included how staff could access people's property and key safes were in use to help with access to the people homes. Emergency procedures were in place in the event of bad weather to enable people to receive their calls such as the use of 4 by 4 vehicles.

People told us staff used protective personal equipment (PPE), such as aprons and gloves, to carry out personal care in line with infection control procedures. Staff told us they had completed training and there were policies and procedures to ensure they followed best practice. Staff said they always had access to the PPE they needed, when they needed it. Observational on-site spot checks, by field supervisors, checked that staff used the correct PPE when providing personal care.

Is the service effective?

Our findings

People and relatives told us staff were well trained and the care they received was effective. One person said, "I just have to call the office to discuss my relative's care package and any worries I have and we can sort it out. The staff know what they are doing, they are well trained".

People and relatives told us that most of the staff knew what they were. People said, "I have only ever had one problem with a new member of staff who was not up to scratch with my equipment and how it worked but I called the office and they made sure this was dealt with and she was trained accordingly", "The staff are all well trained without exception" and "I would say the staff are all well trained, sensible, caring and experienced enough to know what's what and what needs doing".

One relative said, "The staff are all trained to cope with my relative's needs. They [the staff] seem to know what they are doing, I know they get training which is good and keep up to date with it".

Staff completed an induction when they started working at the service and new staff completed the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. Staff told us that new staff shadowed experienced staff to get to know people, their preferences and routines.

Staff told us, "I had an induction with the trainer. We went through the staff handbook and 'do's and don'ts' of caring for people. I did my moving and handling training as well as medicines management, health and safety and food hygiene, equality and diversity", and "I had plenty of training including how to use a hoist and sling and slide sheets to move people safely. The trainer showed us and then we took turns to do it to make sure we did it right".

The registered manager had oversight of staff training to make sure it was kept up to date and refreshed when needed. A training schedule was maintained by the registered manager. This showed what training had been undertaken and when refresher training was due.

Staff said the training was good and one commented, "I find the training light years ahead of my previous company". Results from a staff survey noted that staff felt the quality, variety and frequency of training was 'good' or 'very good'. Specialist training such as, dementia awareness, catheter care, stoma care, epilepsy, Parkinson's and multiple sclerosis, were also completed to ensure staff could meet people's specific needs.

Staff received regular mentoring through one to one supervision. They had had an annual appraisal to set goals and objectives and to discuss their personal development. Staff competency around topics, such as medicines, moving people safely and staff interactions was completed during spot checks to make sure staff were supporting people safely and effectively.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In domiciliary care this is called Court of Protection. There were no people who required Court of Protection restrictions at the time of the inspection.

Staff supported people to make decisions and mental capacity assessments were completed for each person. Staff had completed MCA training and they put this into practice effectively, and ensured that people's human and legal rights were protected. People said they were always asked for consent when supported with personal care. Staff told us how they gained consent from people about their care and support when carrying out their daily routines.

People and relatives told us that the staff supported them to maintain a healthy diet. They said, "I am not too good at eating the right healthy food so they make sure I am getting enough nourishment at the right times" and "The staff from Nurse Plus always make sure I have had my breakfast and ask if there is anything I need". A relative said, "They make sure my relative has eaten their breakfast and help them, as it is vital for their condition (diabetes)".

Care plans detailed people's dietary needs, and their likes and dislikes. People told us how staff made them a sandwich, or a meal and left them drinks and snacks for later. Staff talked about encouraging people to eat healthily and drink plenty. People we visited told us how staff always asked if they wanted a drink or could leave a drink or them to have later.

People felt informed about, and involved in their healthcare and were empowered to have as much choice and control as possible. They told us that the staff supported them to maintain good health. They said, "Yes they [the staff] are very good and I feel much better now they are coming out to help me. I know who to call if I am worried and I am happy that they know what I need". "I get a lot of support, I couldn't ask for more. They will even check if I need to go to the optician and let me know". "I get very well looked after by the staff they are angels they really are".

Relatives said, "They [the staff] are very quick to notice if my relative is unwell and have his GP's details to call if and when required. We feel safer knowing that they are on the case should we miss something important in his health". "The protocol is a very good set up with my relatives medical tests and they check to make sure it is all done correctly and is working the way it should be"

Staff described what they would look for and when they would report their concerns to the office if people were unwell or they needed a visit from a health care professional. Some people had catheters (a catheter is a tube that goes into the bladder to drain urine) and required catheter care. Guidelines were in place in the care plans for staff to follow, for example, when the catheter needed to be changed or signs and symptoms of infection. Records showed that community nurses had been contacted when one person's catheter was not draining properly.

One person said, "They [the staff] have even organised me to have physiotherapy in response to my dodgy knee problems". Records showed that doctors, occupational therapists and community nurses were contacted when needed. Information on people's medical conditions was included in their care plan to give

staff a better understanding of their conditions. One member of staff told us, "If someone's mobility changes we reassess their needs and involve an occupation therapist".

Is the service caring?

Our findings

People told us staff were kind and caring. They said they were involved with their care and support and were offered choices, listen to and respected.

They said "The staff are all caring without fail, they might not be good time keepers but I cannot fault their caring". "They are lovely, just lovely, kind, fun and most of all caring". "The staff are wonderful". "Yes they are caring, helpful and knowledgeable. I feel so much better now they are coming out to care for me I simply couldn't do without them. "There is nothing I could say to fault the staff that comes to help me, they look after me grandly". "The staff comes to care for me and make sure I am healthy and alive. They are good staff and look after me admirably". They make sure I've had tea and a chat. They're very flexible".

Relatives said, "My relative is treated kindly, gently and with great dignity and respect". The staff are very caring, they have banter with my relative and talk things through".

People's privacy and dignity was supported and maintained. People told us that staff ensured they had the privacy they needed. They [the staff] would discreetly wait outside the bathroom if required. One person said, "I need my carers to give me some privacy until I call for them, and they do". Staff described how they treated people with dignity by making sure doors and curtains were closed when supporting people with their personal care. Staff said, "We treat people with respect, dignity and care". "The job is so rewarding. It is so nice to help make people clean and comfy".

Some staff were 'dementia friends' which is a national government funded initiative to improve the general public's understanding of dementia. Some staff were also 'dignity champions' and completed additional training. A 'dignity tree' was located in the office where staff could add their comments about what dignity meant to them. Staff had written, 'Respecting choices, wishes and wants and ensuring clients are treated as individuals', 'Respect that everyone is unique and that this influences the way in which they make choices and decisions about their life' and, 'Dignity is supporting and promoting people's choices and respecting their individuality'. Staff explained how they supported people to remain as independent as they could be, for example by encouraging them to wash parts of their body or walking short distances.

People said, "This service has made all the difference for me, it has allowed me to stay in my home and that is the most important part for me". "I am very well looked after by all the staff from Nurse Plus and I simply could not live here without them coming in twice a day and caring for me so well"

Care plans had a brief history of people's life so that staff were able to speak with them about their family and past events.

When people first started the service they were asked about their preferred name and their preference with regard to receiving support from a male or female member of staff. Their choices, preferences, likes and dislikes were recorded in the care plans so that staff had knowledge of their support needs. People told us that staff always offered them choice such as where they wanted to receive their personal care or what they

wanted to eat. They said, "Since I started the service I have plenty of involvement, they have given me choice and they listen".

People told us they could make decisions about their care or with the help of their family. If people did needed additional support with their decisions, advocacy services were available. An advocate is someone who supports a person to make sure their views are heard and their rights upheld to ensure that people had the support they needed.

People's information was treated confidentially and their personal records were stored securely.

Is the service responsive?

Our findings

People told us that they received the care they needed and were involved in their care plans.

They said, "I had an assessment before I started the service and my relative was also involved". "I have a care plan and my relative discusses this with the office and they are very helpful". "My care is reviewed regularly as my health is failing and they need to keep an eye on me".

Relatives said, "My relative's care is excellent, totally centered on their needs". "I am generally pleased with the service they provide, I think that the backup is very good and they keep in touch to review the care needed for my relative". "We are always asked for our input in to my relative's care and are involved every step of the way". "We have been asked for feedback and the supervisor paid us a follow up visit to check our care plan was in order about one month after the service started".

People told us the service was responsive to their needs. They said, "I have the staff twice a day; they help me with my catheter care and when I said 7pm was too early for the evening call, they changed the times and came later". A health care professional commented that the staff had responded to one person's needs as staff stayed over their allocated time to ensure the person received appropriate care. This resulted in more time being allocated to the person to ensure their needs would be fully met.

The service had a 'person centred' champion who ensured that people and staff were treated as individuals. As part of the training there was a flow chart of how to achieve this with people and staff.

People were involved in their care and told us that the staff knew them well and their daily routines. They said, "I've got a care plan and I was fully involved in the assessment. The registered manager and someone else came round one morning". "The staff know exactly what I need and what care I require. I never have to say things twice". "They are always so patient with me. If I am not up in the morning by the time they come they will help me and help me wash, they don't have to but they do".

People and relatives told us that when they first started to receive a service they had been visited by the senior staff to assess their needs and talk about the care to be provided. The assessment was used to develop a care plan. Care plans were personalised and contained information about people's mobility how people preferred to receive their personal care, a history of falls, nutritional needs, skin care, communication, oral hygiene, and medical history. In addition there was information of how much people could do for themselves and what was required by staff. Other details included how to make people more comfortable by moving their pillows, making sure people's curtains were drawn and turning on the table lamp. Details also included how people liked their coffee and breakfast.

People's care plans were regularly reviewed and updated to ensure that staff were able to support people with their changing needs. People said, "The main care worker is very able and responsive to my individual needs and requirements they review my circumstances about once a month".

A relative said, "There is a care plan and my relative is continually assessed based on their needs. We had a review the other day. I can't fault them they're great". A health care professional commented, "I reviewed this person's care last week and just wanted to feedback to you that she is very pleased with the care she receives from your organisation and the support she receives from the carers she has".

Staff supported people to socialise and not become isolated. People told us how they were supported to get ready to go to day centres or to local events where they lived, such as craft fairs.

The service was encouraging people to attend social activities. Staff told us how they intended to have a summer fete, a memory lane group, a harvest festival service, together with a Halloween and Christmas party at the local venue.

People told us they knew how to make a complaint. They said they would speak with staff and knew they would be listened to and that their concerns would be acted on.

People said, "I have never had to complain", "I have never had to complain but I would talk to the staff" and "I've got no complaints". "We have no complaints or worries at all, it is working very well indeed far beyond our expectations". "I don't have a single complaint, they are the most careful and caring people you could meet" "I do not have a worry or complaint and if I did I would speak to my care worker or call the manager". "No need to complain". "I did have to complain one day because they didn't turn up and the manager sorted it out immediately".

The provider had a complaints policy which was available in different formats, such as an easy to read version. When a complaint was received it was investigated and responded to appropriately. Complaints were discussed with people and staff and action had been taken to rectify complaints when needed. The registered manager had recently met with a complainant and adjusted their care plan and resolved the complaint satisfactorily.

People and relatives were very complimentary about the service. They said, "[Staff member] will always have people's best interests in mind, which clearly shows fully throughout working practice. She is a professional, caring, kind, selfless, helpful person to have been supported by for on and off three year time span. Well done, thank you and please keep up the brilliant hard work". "The carer was delightful and a very good representative of Nurse Plus" "May I pass on my gratitude to all members of staff that take care of [my loved one]. "On behalf of [my loved one] I would like to thank [the carer] for their happy demeanour and good standard of care they delivered to [my loved one]. Even [my loved one] commented to me that 'they had a lovely face'".

A health care professional commented, "I would like to pass on the compliments received for one of your carers in particular who visits [my client]. They are described as being 'brilliant' and whereas [my client] has been reluctant to accept personal care assistance in the past the carer has made it so much easier for them to do so. I felt that this needed to be passed to you".

Is the service well-led?

Our findings

People, relatives and staff told us that the service had improved since the new registered manager took up post in April 2017. They told us they would recommend the service to others. They said, "The registered manager will 'bend over backwards' for you". "They are simply trying to organise what we need and what requirements need to be met and they do a fine job". "The office is very helpful and I have no worries in ringing them up whenever or however often I need to".

Relatives told us the registered manager was approachable, they said, "I can suggest things and they action them if they can". "I can sit and talk to her she listens". "I can talk to the registered manager; anything I suggest she actions it if it's possible".

The registered manager worked with staff each day to provide advice and guidance. People told us they able to speak with the registered manager and were confident if they had any issues they would be dealt with. When the shortfalls in medicines were discussed with the registered manager, action was taken at once to review and implement changes to achieve compliance. Since the inspection they have continued to update the Care Quality Commission with the actions they have taken.

Staff spoke about how communication with the office had improved and told us that the support they received from the management team was excellent. Some staff felt the communication could be further improved as there were mixed responses to inform people if staff were running late. Other people and staff told us that people were notified when staff were going to be late. A new computer system (people planner) was in the process of being implemented. This would incorporate scheduling and would be able to identify when staff were running late and had not undertaken a visit within half an hour of the correct start time, helping to reduce the risk of missed and late visits.

The registered manager and field supervisors carried out quality audits to monitor the service being provided. They had oversight of the quality of care being provided. Care plans, risk assessments and staff files were reviewed to make sure they were up to date. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. The manager ensured that staff training was up to date and they all received supervision and an appraisal to enable them to raise any concerns about the service. Staff competencies were assessed and regular spot checks were made to ensure they had the skills to perform their role effectively. When we asked for any information it was immediately available. Records were organised and stored securely to protect people's confidentiality.

To ensure there was continuous improvement in the service senior management received reports from the registered manager regarding accidents, incidents, assessments, spot checks, care plan reviews, recruitment, training, supervisions, team meetings and appraisals. The managers undertook quarterly visits to the service to carry out audits on files and their contents. A report was then produced based on a traffic light system, when the service had not reached green, action was required and an action plan put together, which was monitored until the next audit.

People, their relatives, staff and health professionals were asked to provide feedback about the quality of the service through a survey. Results of these were analysed to identify areas for improvement. The overall result of the survey was positive and people's comments included, 'I am very happy with all staff, we have a laugh and joke. Hope it never stops', 'New manager on visit to me solved the problems on the spot. Before was not very good', 'I have a smart good carer' and 'Very happy with the service just the one occasion which was dealt with, thank you'. The next survey was due to be sent to people in July 2017.

The provider had a clear vision of the quality of service they wanted people to receive. This vision was shared with staff. Staff told us, "Everyone gets individual care to meet their needs" and "Nurse Plus really care about all their clients" and "Nurse Plus want their carers to be able to empathise, give a good service and be competent in all aspects of care they deliver". "We treat people like we would want to be treated ourselves, with care and empathy in a professional way". "The service is very good; I would recommend it to a member of my family". "If we have made someone smile and they are happy then we have done a good job".

Staff understood their role and responsibilities and told us they all worked well as a team to make sure people received the care they needed. Staff told us they felt valued by the registered manager and the organisation. They said, "It's a good place to work and we work as a team". "[The registered manager] is a great support. They are brilliant" and "[The registered manager] listens well and acts on things. They are very thorough". There was an open and transparent culture. Staff told us they were able to give honest views and the staff were invited to discuss any issues or concerns that they had and that the registered manager listened and responded.

Regular staff meetings and a quality assurance survey gave staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues.

The provider had a range of policies and procedures that gave staff guidance about how to carry out their roles safely, effectively and efficiently.

Staff had a handbook detailing the company's policies and procedures which were reviewed and updated when required. Records were readily available at the inspection and were stored safely to protect people's confidentiality.

The service was proactive in organising community events and had recently invited all of the people to a coffee morning at the office. People baked and sold cakes in aid of a charity. When people started using the service they were provided with additional information that may help make their lives easier. For example, leaflets about lifelines, meals on wheels, key safes and information about a local resilience forum.

Nurse Plus had recently been shortlisted for 'Best Temporary Workforce Care Award' at the Recruiter Investing in Talent Awards 2017. Information circulated to staff noted, 'This shortlisting celebrates the high level of service and support we provide to our workforce. We're thrilled to have been recognised for our hard work. Thank you to our entire workforce'.

The service was a member of the Kent Community Care Association, Contractors Health & Safety Scheme (CHAS), Recruitment and Employment Confederation (REC). These memberships, the internet and attending managers' meeting within the service and meetings with other stakeholders, such as social services was how the registered manager remained up-to-date with changes and best practice.

The registered manager had an understanding of their responsibilities in recording and notifying incidents

to the Kent local authority and the CQC. All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The manager notified CQC in a timely manner and in line with guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to have proper and safe management of medicines. Regulation 12 (1)(2)(g)