

Nurse Plus and Carer Plus (UK) Limited

# Nurse Plus and Carer Plus UK Ltd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 16, 17 and 18 October 2018 and was announced. This inspection was the first inspection since the registered office had moved to a new address.

At our last inspection on 23 November 2016 at the previous address the agency was rated as 'Requires Improvement' overall with effective, caring and responsive being rated as Good. At this inspection, improvements had been made and the overall rating was 'Good'.

Nurse Plus and Carer Plus UK Ltd is a domiciliary care agency. It provides nursing and personal care to people living in their own houses and flats in the community. It also provides a service to people who run care homes by supplying nurses and care staff to work at their locations. This inspection report focuses on the way in which care was provided for people in their own homes. At this inspection the agency provided personal care to 20 people.

The agency can provide assistance for adults of all ages including people with a physical disability, sensory needs, mental health issues and a learning disability. It can also provide care for people who live with dementia, misuse drugs and alcohol and people who are receiving palliative care at the end of their lives. At the time of our inspection the service was not providing any nursing care. The agency had its registered office in Maidstone and covered Maidstone and surrounding areas.

There was a registered manager in post that was supported by a branch 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.

People felt safe and their safety had been maximised with the systems that were in place. There were enough staff to meet people's needs. Staff had been recruited safely. People that displayed behaviour which could challenge themselves or others were appropriately supported.

Risks posed to people had been mitigated. The safety of people and staff in the event if an emergency had been assessed. Accidents and incidents involving people were analysed to reduce the risk of reoccurrence.

Medicines were managed safely and were administered by staff that had been trained and had their competency assessed.

Staff were trained to meet people's needs and were supported in their role by the management team. New staff completed the provider's induction and worked alongside experienced members of staff.

People were supported to maintain their nutrition and hydration. Staff worked in partnership with health

care professionals to ensure people remained as healthy as possible.

People's needs were assessed with them at the centre of their care and support. Care plans promoted people's independence and were personalised to meet their needs.

People were encouraged to make their own choices about their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring towards people. Staff respected people's privacy and dignity. Staff knew people well and had knowledge about people's histories, likes and dislikes. People's equality, diversity and human rights were promoted and respected.

People were supported to express their views and were involved in the development of the service they received. Complaints were investigated and responded to in line with the providers policy.

Systems were in place to monitor and improve the quality of the service that people received.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the registered office where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the registered office and on their website.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The agency was safe.

There were enough staff to meet people's assessed needs. Staff were recruited safely.

People were protected from the potential risk of harm and abuse. Staff had been trained and knew the action to take if they had suspicions.

Risks involving people and others had been assessed and mitigated.

Medicines were managed safely. People were supported to take their prescribed medicines.

### Is the service effective?

Good ●

The agency was effective.

Staff had been trained to meet people's needs including their specialist needs. Staff were supported in their role by the management team.

New staff completed an induction before starting work with the agency.

People and relatives were involved in the assessment of their needs prior to receiving support from the agency.

People were supported to maintain their nutrition and hydration. People's health needs were met with support from the care staff and health care professionals.

People were supported to make their own decisions about their care and support. The Mental Capacity Act 2005 was followed and adhered to.

### Is the service caring?

Good ●

The agency was caring.

People were treated with kindness by staff that understood the importance of maintaining people's privacy.

People were involved in the development and review of their care plan.

People's specific communication needs had been recorded. Staff knew how people communicated their needs and wishes.

Staff knew people well and were aware of their likes, dislikes and personal histories.

Personal information had been stored safely and securely.

### **Is the service responsive?**

**Good** ●

The agency was responsive.

People received a personalised service that was responsive to their needs.

People were supported to access the community if this was included in their package of care.

Detailed logs were kept of each person's care call, these were monitored by the management team.

There was a process in place for people to raise concerns or complaints.

### **Is the service well-led?**

**Good** ●

The agency was well-led.

People and others were asked for their views about the agency.

Systems were in place to monitor and improve the quality of the service people received.

The registered manager and management team understood their role and responsibility.

There was an open culture where staff were kept informed about changes to their role or the organisation.

# Nurse Plus and Carer Plus UK Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 the 16,17 and 18 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to be sure that the registered manager and staff were available. The inspection team consisted of two inspectors and an expert-by-experience, making telephone calls to people. 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 for this inspection had experience in care for older people.

Before the inspection, we asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. We looked at notifications about important events that had taken place, which the provider is required to tell us by law and the previous inspection report. We used all this information to plan our inspection.

We gained the views of eight people and seven relatives. We visited three people in their own homes. On 18 October an expert by experience telephoned five people and five relatives. We also received feedback from a care manager from the local authority. All feedback was positive about the quality of care and support that people received. We spoke with seven staff, which included two care staff, two care co-ordinators, the quality assurance auditor, the branch manager and the registered manager.

We looked at the provider's records. These included four people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to

staff management and recruitment including four staff files. We also looked at a sample of audits, the electronic recording system, staff rotas, minutes of meetings and policies and procedures.

We asked the registered manager to send us information relating to the training of staff and staff newsletter. The information we requested was sent to us in a timely manner.

## Is the service safe?

### Our findings

At the last inspection on 23 November 2016, it was suggested that appropriate action was taken to reduce missed and late care calls. At this inspection we found that action had been taken and improvements had been made. People told us staff arrived on time and they received the full length of their call. Comments included, "They are different from our previous company as they don't just rush in and out", "They stay as long as needed" and "If they are going to be late they ring and let me know. An example was when their car broke down."

There were enough staff to meet people's needs, staffing was based on people's assessed needs. There was an ongoing programme of staff recruitment and any shortfalls were covered by existing staff. The provider had implemented an electronic system to plan staff calls and monitor care calls. The system alerts a member of the management team based within the registered office if a care call was running late. Records showed and staff confirmed that a system was in place in the event they were running late. There had been one missed call since the start of 2018. Action was taken as a result to prevent a reoccurrence.

Staff were recruited safely following the providers policy and procedure. Appropriate checks were carried out which included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. Applicants interview notes were kept promoting consistency in the recruitment process.

People felt safe receiving care and support from the staff. Comments included, "I am prone to falling and seizures. I feel safe when they are with me and I know they will come four times a day" and "I feel safe when the carers are here; even when they are hoisting me." Relatives told us they felt their loved one was safe. One relative said, "I feel my relative is safe in their hands. They remind her to put on her protective hat and walk with her in case she should lose her balance."

People were protected from the potential risk of harm and abuse. Staff completed training in safeguarding and knew how to recognise and report different types of abuse. Staff followed the provider's policy and procedure for reporting any concerns. Records showed the registered manager had raised a safeguarding concern with the local authority. This had been investigated and action had been taken to prevent the risk of reoccurrence. The provider had a whistleblowing policy and staff felt confident that if they raised a concern they would be listened to and action would be taken by the management team.

Potential risks to people in their everyday lives had been assessed and mitigated. Each person's care plan contained individual risk assessments which were linked to protocols for staff to follow. This included risks in relation to their mobility, personal care needs and any activities. The risk assessment contained guidance for staff to follow about the action they needed to take to protect people from harm. For example, one person's mobility risk assessment recorded how they used a wheeled walking frame and grab rails positioned around their property whilst mobilising. The protocols included the action staff needed to take in the event of an emergency such as, a fall or medical concern. Risk assessments were kept under review by



the management team and updated accordingly.

People whose behaviour that could be challenging towards themselves or others were appropriately supported. Positive behaviour support plans were in place to inform staff how best to support the person during times when their behaviour may challenge. This included strategies to support the person during time of anxiety when their behaviour had the potential of escalating.

The safety of people and staff within the person's own home had been assessed. Each person had an environmental risk assessment which included potential risks externally such as, access to the property and internally such as, fire precautions. A record was kept of the dates people's specific pieces of equipment were due to be serviced. For example, a hoist to move a person from one place to another. A business continuity plan was in place to ensure that people continued to receive the care they required during the event of an emergency such as, extreme weather.

Accidents and incidents were recorded and monitored on a regular basis. A monthly analysis of all incidents and accidents was completed by the management team which highlighted any patterns or trends that had developed. The registered manager and management team used this information to make changes and improvements when things went wrong. Personal protective equipment was available to staff including gloves and aprons. Staff received training regarding infection control and understood their responsibilities. These actions helped to protect people from cross infection.

At the last inspection on 23 November 2016, it was suggested that appropriate action was taken to effectively record and monitor the time people received their medicine. At this inspection we found that action had been taken with the implementation of the electronic recording system. The system recorded the time people's medicines were administered and the quantity of any pain relief medicines. People told us they received their medicines on time and as prescribed by the GP. Medicines were managed safely and were administered by staff that were trained and had their competency assessed. People's needs in relation to their medicines had been assessed and recorded. Information regarding each prescribed medicine was available to staff, this included the reason for the medicine, the route, the dosage and where to apply prescribed creams.

The electronic system highlighted on the care staff's handheld device which medicine required administration and the time it was required to be administered. Staff were not able to complete the care call until they had recorded that all medicines had been administered or the reason the medicine was not administered. The electronic database was monitored at the registered office by the management team. Action was taken when a delay in the administration of medicines had been highlighted such as, contacting the person and the member of care staff. These systems minimised the risk of people not receiving their medicines as prescribed by their GP.

## Is the service effective?

### Our findings

People told us they felt staff were well trained and able to meet their needs. Comments included, "I like my regular ones, they all do what I need. They arrive on time and I can rely on them" and "I feel the carers understand my health needs."

Relatives told us they felt the staff were skilled to meet the needs of their loved one. Comments included, "They use a portable hoist with my relative; the staff know what they are doing and my relative never has call to complain" and "Mum gets very good care with lots of continuity of carers. They work with us so that she can remain at home."

Staff told us they received the training and skills they required to meet people's needs. The provider employed a trainer that delivered face to face training to staff, within the training room at the registered office. There was an ongoing programme of training courses which were monitored by the registered manager and management team. Staff had been trained to meet people's specialist health needs such as, catheter and stoma care. The registered manager told us they had tried to create a home environment within the training room; this helped staff that were new to the care sector become skilled with various equipment. For example, microwave ovens and mobility equipment. People could be assured that staff supporting them were trained and had their competency assessed.

New staff completed an induction handbook when they started work at the agency. New staff worked alongside experienced staff and were supported to complete The Care Certificate and internal competency assessments. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work within the care sector. Staff were offered the opportunity to complete a formal qualification during their employment. For example, The Qualifications and Credit Framework (QCF) in Health and Social Care, this is an accredited qualification for staff working in the care sector.

Staff said they felt valued and supported in their role by the registered manager and management team. Staff received support and supervision in different formats which included face to face supervisions, spot checks and field supervisions with a line manager. These provided opportunities for staff to discuss their performance, development and training needs. As well as to receive feedback from their line manager regarding their role. Staff received an annual appraisal with their line manager, this gave an opportunity to discuss and provide feedback on their performance and set goals for the forthcoming year.

People's needs had been assessed prior to the receiving a service from the agency. The assessment would be completed by a member of the management team with people and their relatives. The assessment included the care and support needs of the person, their preferred day and time to receive care and the outcome the person wanted to achieve. For example, to maintain independence as much as possible and stay living in their own home. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the assessment, and this was then transferred in the care plan.

People were supported to maintain their nutrition and hydration if this was part of their package of care.

Staff received training regarding nutrition, food and diets so they had the knowledge to support people to eat healthily. People's nutrition had been assessed on an individual basis. Staff followed people's care plans which detailed the support they required with mealtimes. Some people used a food company to supply nutritionally balanced meals which the staff then heated up. Other care plans recorded the exact support the person required such as, preparing a breakfast of the person's choice and ensuring drinks were left within the person's reach. Some people required additional support to manage their nutrition such as specialist gluten free diets. Guidance was available to support staff when people required assistance to eat their meals. Observations showed and people confirmed staff followed their care plans in relation to their nutrition and hydration.

People were supported to maintain good health. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, the use of any moving or standing aids. People's care plans contained information regarding their specific health condition and how this effected the person. For example, information about the person's epilepsy, the triggers and what staff should expect if the person was to have a seizure. People could be assured that their health would be taken seriously and supported by the staff.

The agency worked in partnership with other health care professionals to ensure people were receiving the appropriate care and support to meet their needs. For example, where concerns had been identified regarding a person's hydration staff worked alongside the district nurse to monitor the person's fluid intake and output.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager, management team and staff were aware of their responsibilities under the MCA. Staff had been trained to understand and use these in practice for example, how they applied it to their work such as through capacity assessments and offering choices. People's capacity to consent to care and support had been assessed and recorded. At the time of our inspection people had capacity to make their own decisions relating to their care and their lives. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity..

## Is the service caring?

### Our findings

People told us the staff were kind and caring. Comments included, "The carers are wonderful", "They are very polite and caring", "We are very pleased with the carers. I have a good rapport with them and enjoy seeing them, particularly the regular one" and "I am happy with the care staff, they are very friendly."

Relatives spoke highly of the staff and the service their loved one received. Comments included, "The staff are kind and caring to my relative and they have her best interests at heart" and "In all the years we have been with Nurse Plus we have never had a bad member of staff; they are wonderful."

People's privacy and dignity were promoted. Staff were able to tell us how they made sure they protected and maintained people's privacy and dignity. Staff gave examples that included making sure they knocked on doors before entering, making sure people were fully covered when being supported with personal hygiene. One person said, "When they wash and change me they ensure I am covered up to preserve my dignity." A relative said, "They ensure my mums dignity when they wash her in the downstairs room by always drawing the curtains." The staff we spoke with told us how they showed respect for people and treated people with kindness and compassion. For example, a care assistant told us, "We always close doors during personal care."

People and/or their relatives told us they were involved in the development and review of their care plan. Care plans gave staff the information and guidance they required to meet people's needs. Each person's care plan recorded the specific outcome that person wanted to achieve from the care and support they were receiving. For example, one person had the desired outcome to maintain a healthy diet, high level of personal hygiene and to keep as well as possible to enable continuing to live in their own home. People were encouraged to maintain as much independence as they were able. People were asked during the assessment and review process what support staff could offer to increase the person's independence.

Some people had specific communication needs. These were clearly documented to enable staff to communicate effectively with the person. Staff had received support and guidance from the family of a person that used a specific form of communication. Another person used specific pieces of equipment to enable effective communication; staff understood the importance of ensuring these were in good working order. People could be assured that they would be supported to communicate their needs effectively.

People's care plans contained information about their likes, dislikes, preferred name and personal histories. The agency promoted consistency with people's care staff. This enabled people and care staff to build a rapport and provided continuity of care to people. People told us that care staff knew their routines and how they liked to be supported. We viewed the daily care records for three people, the care given matched the person's care plan. One person said, "They arrive on time and do all that I need."

Information about people was treated confidentially. The registered manager, management team and staff were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. People's care records and files containing information

about staff were held securely in locked cabinets. Computers and the electronic data were password protected.

## Is the service responsive?

### Our findings

People told us the agency staff were responsive to their needs and they would recommend the agency to others. Comments included, "I would definitely recommend Nurse Plus because they are all friendly, polite and willing to help in any way", "They treat you with total dignity and friendship; they are wonderful; I recommend them" and "You would not get a better service; we are very pleased. I recommend them and give them ten out of ten."

Relatives spoke highly of the service their loved one received. Comments included, "We have had three companies before and I have not a good word about them. Nurse Plus are different and I would recommend them", "When I need to arrange care for my other disabled family member I will use Nurse Plus. They are punctual, well trained, very caring and like a happy family. The care they give to my relative takes a great weight off of my mind" and "I recommend the company because Mum gets very good care with lots of continuity of carers. They work with us so that she can remain at home."

People's care plans were personalised and placed their views and needs at the centre. Care plans were detailed and informed staff what the person's abilities were and the support they required from staff. Staff were knowledgeable about people's preferences, needs and how people wanted to be supported. Care plans and risk assessments were reviewed with people, their relatives and a member of the management team. One person said, "I had a visit to discuss my care plan before the care started a few months ago." A relative told us that they felt their loved ones' needs had changed, when they contacted the office a review meeting was arranged for the same week. They said, "I am pleased how quickly the meeting has been arranged."

Some people's care package included support to access activities within the community. Specific guidance was in place for staff to follow during the activity and once the activity had finished. People were supported to choose which activity they wanted to participate in. Records showed people had been supported to access the cinema, swimming baths and local trampoline park. People could be confident that the support plans were specific and personalised to meet their individual needs.

Visit logs, held within people's homes, were detailed and matched the support that was outlined within the person's care plan. Staff used the electronic recording system to record people's care calls. However, people were given the choice to keep the written visit log alongside the electronic system. Some people we visited had chosen to keep the written log as well as the electronic log. The management team audited the electronic daily logs on a regular basis, to evaluate the care that was being delivered and monitor the timeliness of care calls.

People told us they would contact the registered office if they had any concerns or complaints. The provider had a complaints policy and procedure in place which was available to people and their relatives. There had been two formal complaints in 2017 and records showed these had been investigated and responded to in line with the policy. A relative raised a concern during the home visits to people; this was acted on promptly by the care co-ordinator.

No one using the agency was receiving end of life care at the time of our inspection. The registered manager told us that if this service was required the staff would work alongside other health care professionals.

## Is the service well-led?

### Our findings

At the last inspection on 23 November 2016, we found the systems that were in place to monitor the quality of the service had not been used consistently to improve the service. People's feedback was not always sought and acted on to improve the service people received. At this inspection we found that action had been taken and improvements had been made. People told us they were regularly asked for their feedback about the service they received. Comments included, "We had a questionnaire a month or so ago and about every year" and "We receive a questionnaire to fill in about the company."

People and their relatives were involved in the development of the service being provided to people. Systems were in place to regularly monitor the quality of the service that was provided. People and their relative's views about the service were sought through annual questionnaires. These were written in a way people could understand. The results were collated and people were informed of any action that the agency and organisation had taken. People and those acting on their behalf had their comments and complaints listened to and acted on.

An audit schedule was in place to monitor the quality of the service being provided to people. This included observational audits by a member of the management team to discuss people's experience of using the agency. A member of the management team completes a monthly audit which is monitored by the quality assurance auditor. An internal quality audit is completed on a quarterly basis by a member of the senior management team from the organisation. The audit included, employment files, care plans and risk assessments for people and a systems audit. The provider used a 'RAG' red, amber and green traffic light rating system to score each branch. The last audit was completed in September 2018 where the registered office scored green. When issues were identified action plans were generated which were monitored and completed by the registered manager and management team.

There was a registered manager in place who split their time between two of the provider's locations. The registered manager was supported by a branch manager who was permanently based at the location. There were two care co-ordinators who managed the care staff. Staff understood the management structure and who they were accountable to. Staff said they understood their role and responsibilities and said this was also outlined in their job description and contract of employment. The registered manager and the management team understood their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents had been reported correctly.

People told us they thought the agency was well-led. People were in regular contact with the care co-ordinators based within the registered office. Staff told us the registered manager and management team were visible and approachable. Staff told us the management team and the office staff were supportive and they worked well as a team. There was an open culture where staff were kept informed about what was going on within the registered office and the organisation. The registered manager used different methods of communication to update staff working out in the community; this included a monthly email newsletter



to all staff and regular team meetings. Regular team meetings were held with staff working in the community which gave staff the opportunity to discuss practice and gain some feedback about the agency and organisation. Staff meetings gave staff the opportunity to give their views about the agency and to suggest any improvements.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard; these were monitored by the compliance director. The provider had an internal intranet page where staff could access the policies and procedures. Staff were sent an email alert each time a policy had been reviewed and updated.

The agency worked in partnership with other health care professionals to ensure people were receiving the appropriate care and support to meet their needs. For example, where concerns had been identified regarding a person's hydration staff worked alongside the district nurse to monitor the person's fluid intake and output.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating both on their website and in the registered office.