

Nurse Plus and Carer Plus (UK) Limited

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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

Nurse Plus and Carer Plus (UK) Limited provide personal care and support to people living in their own homes. At the time of our inspection 20 people were using the service which came under the regulated activity. The inspection took place on the 13 December 2016 and was announced.

A registered manager was employed by the service. 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. The registered manager was available throughout the inspection.

People told us they felt safe with the care and support they received from the service. Staff had received training in the safeguarding of vulnerable adults and were aware of their responsibility to report any concerns. Policies and procedures were in place to guide staff on what they should do if they had concerns. Risks were assessed and reviewed regularly and control measures were put in place to minimise the risks to people. There were effective pre-employment checks for the safe recruitment of staff, including criminal records checks and obtaining character references.

People and their relatives were all positive about the caring qualities of staff. They told us they felt comfortable with the staff members and were able to approach them with any concerns they had. Each person was allocated a small team of staff so they always knew who would be supporting them. This enabled continuity of care and relationships to be established. People told us staff were respectful of their privacy and dignity when providing personal care.

People were involved in discussions about the care and support they wished to receive. Care plans were personalised and contained information on their specific needs and preferences, and how they wanted these to be met by staff. People told us they were treated as individuals and felt they were supported in the way they wanted. Staff were knowledgeable about the people they supported. Staff provided people with the care and support they required in line with their care plans.

People were supported to stay healthy and well. Staff explained how they monitored people's well-being during their visits. If they had any concerns about a person's health they would record this and report their concerns to ensure appropriate action was taken. People received their medicines as prescribed and safe management processes were in place and followed by staff.

Staff received the appropriate training to meet people's needs. The head of training monitored training to ensure staff skills and knowledge were kept up to date. Staff received regular supervision (one to one meetings) and appraisal so that they were appropriately supported to care for people. Staff felt management were approachable and supportive.

There were sufficient staff to meet people's care and support needs. People were supported by people that were of good character and were suitable for the role. People did not have major concerns about staff turning up late or missing a scheduled visit. Staffing levels were monitored by the homecare coordinators and registered manager to ensure people received continuity of care.

People and their relatives knew how to make a complaint if needed. The registered manager routinely sought the views and experiences of people using the service about the quality of care and support they received and if it could be improved upon. There were quality assurance systems in place to monitor the quality of service being delivered and to make improvements where needed.

The service was working within the principles of the Mental Capacity Act 2005. People told us staff sought permission before undertaking any care or support. Staff had an understanding of the Mental Capacity Act 2005 and explained how they supported people to make decisions regarding their daily living.

Staff working in the service had access to personal protective equipment (PPE) such as gloves and aprons to help prevent cross contamination and promote infection control.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People told us they felt safe receiving care and support from staff. Staff knew what action to take to protect people from potential harm and abuse.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks.

There were arrangements in place to ensure people received their medicines safely. All staff had received training in the safe administration of medicines. There were policies for staff guidance when needed.

The provider had checked the suitability and fitness of staff employed to work for the service. Safe recruitment practices were followed. □

Is the service effective?

Good 

The service was effective.

Staff received a thorough induction and on-going training that enabled them to meet the needs of the people they were supporting. Staff received regular supervision and appraisal to support them in their roles.

Staff were aware of their responsibilities in relation to the Mental Capacity Act. They explained how people were supported to maintain control of their lives and be involved in choosing how they received their care and support.

Where required people were supported to eat and drink sufficient fluids. Staff monitored people's well-being to ensure they stayed healthy and well.

Is the service caring?

Good 

The service was caring.

People were all positive about the qualities of the care staff.

Comments from people stated staff were kind, respectful, attentive and compassionate.

Staff were thoughtful and considerate when delivering care and support to people. People said that staff respected their right to privacy and dignity when delivering personal care.

People were able to express their views and be actively involved in planning their care and support and how they wished it to be provided. □

Is the service responsive?

Good ●

The service was responsive.

People were involved in discussions and decisions relating to their care and support needs.

Support plans were personalised and reflected people's choices and preferences for how they wished to receive their care and support.

People and their relatives knew how to make a complaint if they had any concerns about the service they received. The service had arrangements in place to deal with people's concerns and complaints in an appropriate way. □

Is the service well-led?

Good ●

The service was well-led.

The views of the people receiving services, their relatives and staff were regularly sought.

People and staff spoke positively about the management of the service.

There were quality assurance systems in place to monitor the quality of service being delivered and to make improvements where needed. □

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.

The inspection took place on 13 December 2016 and was announced. The provider was given notice because the location provides domiciliary care services. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by one inspector.

Before we visited we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR) from the service. 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.

During our inspection we went to the service's office and spoke with the registered manager, two care coordinators and two care staff. We looked at documents relating to people's care and support and the management of the service. We spoke on the telephone with ten people who use the service and three relatives about their views on the quality of the care and support being provided. We reviewed a range of records which included four care and support plans, staff training records, staff personnel files, policies and procedures and quality monitoring documents.

Is the service safe?

Our findings

Everyone we spoke with said they felt safe with the staff members who supported them. People explained they felt safe because "They share information", "They know how to deal with the things I ask them to do" and "They care enough. I trust all of them". People and their relatives were confident that if they had any concerns about their safety they would feel able to contact the office staff.

It was mandatory for all staff to attend safeguarding vulnerable adults training to help them understand what constituted abuse and how to report this if they witnessed or suspected someone was at risk. Staff also received training on equality and diversity to help them to understand how to protect people from the risks associated with discriminatory behaviour. The provider had a safeguarding vulnerable adults policy in place which provided guidance to staff on how and when to report concerns and who they should be reported to. When we spoke with staff they were able to tell us how they would raise concerns about people's wellbeing and who they would speak to. One member of staff told us "The training teaches us what signs to look for that might indicate someone is not being treated correctly. We look for changes in behaviour or marks on the person such as bruising. We also monitor their general well-being. Things like their appetite can be affected if things aren't right. We would always record our concerns and report back to the office". Staff felt confident that any concerns raised would be listened to and acted upon if necessary by the registered manager or homecare coordinators. The registered manager was clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

Staff received the information they needed to minimise the risks of injury or harm to people. The registered manager and senior care staff carried out assessments to identify the risks posed to people by their health and social care needs, the equipment they used, such as mobile hoists, and their home environment. Risk management plans considered people's physical and emotional needs and showed that measures were in place to manage these risks. Staff demonstrated a good understanding of the risks to people they supported. For example, staff knew which people they supported required safe moving and handling using a hoist or slide sheet.

People received varying levels of support with managing the administering of their medicines. Staff told us they the majority of people administered their medicines themselves. They said some people required support to remove their medicines from the monitored dosage system, into their hand or small pot or just needed reminding about taking their medicines at the correct time. The provider's safe management of medicines procedure categorised the administering of medicines under four levels. Levels one and two were about assisting or prompting the person to take their medicines at the correct time. This support was documented in people's daily logs. Levels three and four were about administering medicines to people and would be recorded on medicines administration record (MAR) sheet. All people using the service were being supported at levels one and two and therefore we saw that this had been recorded in people's daily logs only. The requirement to fill in MAR sheets was not required. Records showed staff received training in the safe handling and administration of medicines and their competency to do so was also assessed. People who required support in this area we spoke with were confident that this was done correctly by staff.

There were sufficient numbers of staff available to support people effectively on a day to day basis. People told us they had no concerns with staff turning up late or missing a scheduled visit. People told us the office staff would telephone to notify them if carers were delayed. If people were concerned about a late call they would telephone the office and ask if there was a problem and the office staff would find out and phone them back. One person said "If anyone has been late the office find out why". Another person told us "They are usually very good and give you a warning if things have changed".

Homecare coordinators planned and scheduled visits so people received their care and support from the same members of staff where possible. Each person was allocated a small team of staff so they always knew who would be supporting them. This enabled continuity of care and for positive relationships to be built. Staff told us they were given enough time to meet the assessed needs of the people they supported and felt their scheduled visits were well coordinated. One staff member told us "Staff rotas are completed according to location to try and ensure we have enough travelling time to get to people". This meant staff could usually get to a visit on time and complete all the tasks required in the person's care plan. Where staff had not arrived on time this was due unforeseen events or traffic delays.

We saw safe recruitment and selection processes were in place. We looked at the files for five of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. New staff were subject to a formal interview prior to being employed by the service.

Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. People told us that staff wore gloves and aprons when supporting them and washed their hands. The service carried out regular 'spot checks' of staff's working practice. Part of this observation was to monitor staff's practices around infection control.

Is the service effective?

Our findings

People said staff were able to meet their needs. They said they felt staff who supported them knew what they were doing. One person told us "As far as my needs are concerned there is no problem". People also felt as far as they knew carers had the correct training. One person said "They have three different courses they have to do". Another person said "There is no lack of knowledge by them".

Staff received appropriate training to support them to be able to meet people's needs effectively. The provider had an in-house head of training who delivered training to staff. This included a comprehensive induction that incorporated practical training on any equipment staff may have to use, shadowing more experienced staff on visits and reading policies and procedures. New staff attended training sessions which were linked to the Care Certificate. The care certificate covers an identified set of standards which health and social care workers are expected to adhere to. Subjects covered included basic life support, equality and diversity, fluids and nutrition, privacy and dignity and the safeguarding of vulnerable adults.

Other training staff received that was relevant to their role and which the provider considered mandatory was dementia awareness training. Staff spoke positively about the training provided. Comments included "The training is really good and I feel I get support to complete it" and "You get regular updates. The training is right for the job. It's good to have refreshers". Staff were supported to have access to nationally recognised qualifications in health and social care, including the diploma.

People were cared for by staff who were supported in their roles by the registered manager and senior staff. There was a supervision and appraisal framework in place through which staff received regular meetings with the registered manager or senior staff. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. These meetings would also be an opportunity to discuss any difficulties or concerns staff had. Staff's working practices were also observed periodically throughout the year through unannounced spot checks and supervisions carried out by senior staff. The registered manager explained this was to make sure staff were following safe working practices to ensure both themselves and the person using the service were safe. We saw records of these visits on staff personnel files.

Staff confirmed they received regular supervision and appraisal. Comments from staff included "It's a good company. I feel supported to learn new things. The girls in the office are very helpful" and "During the meetings they check I am ok, if I have any problems and what training I want to do".

People were encouraged to eat and drink sufficient amounts where the service was responsible for this. Staff documented in people's daily records information about what people were eating and drinking and when. This helped staff monitor the person's intake and identify whether people needed increased support in this area. Staff told us if they had any concerns regarding people's food and fluid intake then they would raise this with the seniors in the office and make a record in the daily notes.

Where a person was fed using a PEG feed (Percutaneous Endoscopic Gastrostomy), which is used when

people are unable to swallow or to eat enough, staff had received training in how to support the person with this. The person's care plans included guidance for staff on when the feed should be started and finished and quantities of feed the person should be having.

People who needed support with meal preparation were happy with the way this was done. One person told us "They cook breakfast, whatever I want for that morning and make a sandwich for lunch". Another person who had diabetes told us staff were good at making things they needed.

People were supported to stay healthy and well. Staff maintained records about people's health and wellbeing following each scheduled visit. This information was recorded in people's care plan. This meant others involved in people's care and support had access to information about their health and wellbeing. When staff had concerns about people's wellbeing they told us they would inform the office staff so that appropriate support and assistance could be sought, such as the GP.

One person had regular support to attend GP and hospital appointments. This was usually supported by the same staff member. This person had particular health problems and told us "When they come the first thing they ask is how I feel and am I ok. They know what to look for". The relative of this person had told staff what signs and symptoms they needed to be aware of and were confident that the staff would know what to look for.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

The registered manager was aware of their responsibilities in respect of this legislation. They explained the local authority were responsible for completing any capacity assessments relating to the person consenting to care and treatment received by Nurse Plus. They said currently nearly all the people using the service had capacity to make decisions relating to the care and support they received. A form to assess people's capacity had recently been devised by the provider and the registered manager explained that for those people who lacked capacity the assessment was going to be introduced at the person's next review.

Staff had received training around the Mental Capacity Act. Staff explained how they supported people with making choices about their daily living. People's individual wishes were acted upon, such as how they wished to receive their personal care. A staff member told us "You must always assume people have capacity. Even if you think they are making a bad decision". People told us staff asked permission before helping them with care and explained what they were going to do.

Is the service caring?

Our findings

Staff treated people using the service with kindness and respect. People and their relatives were all positive about the caring qualities of staff. Comments included "They are very attentive. Always smiling, always cheerful", "I'm quite fond of them", "They are all lively. It is lovely to have them here" and "They are marvellous I'd be lost without them".

One relative told us their family member was living with dementia and that even they could find it difficult to make their family member smile at times. They told us "My (family member) comes alive when she comes in. She has a lovely personality. She makes him laugh and relaxes him". One person using the service told us "I have had experience with other agencies. I have been with this agency for a few years and from day one I had great hopes and they have been great".

People told us they felt comfortable with the staff members and were able to approach them with any concerns they had. Each person was allocated a small team of staff so they always knew who would be supporting them. This enabled continuity of care and relationships to be established. Several people spoke about liking to have a variety of carers. People said "Regular ones come most of the time"; "It varies, we know them well", "We get the same ones most of the time"; and "It's nice. It makes a change to have different carers each week". One person told us "I have one young girl, she is a super girl. She is such a bouncy young lady. I hear all about her daughter. She makes me feel young"

People we spoke with appeared to have good relationships with the carers. Comments included "It's like having a friend come sometimes"; "They have a sense of humour"; "It's a good opportunity to chat"; and "When I have my breakfast I always have a chat. We have a good natter". One person who lives on their own after their partner died told us "That's one of the big things really, to have a carer in every day and have a little chat. It did a lot to rehabilitate me after [my partner] died".

People told us staff were respectful of their privacy and dignity when providing personal care. People felt able to choose things for themselves and one person said "Whatever I ask her she does; they will do anything". Another person told us that the carers were aware of things they might have forgotten. For example they might say "What about your water". Staff told us how they maintained people's privacy and dignity when assisting with intimate care such as personal care. For example, asking what support people required before providing care, explaining what needed to be done and checking the person was alright. They said they would make sure that curtains and doors were closed and the person was covered during personal care.

Staff we spoke with were knowledgeable about people's needs and preferences. They told us they had access to people's care and support plans which contained information on how the person wanted to receive care. One staff member explained that unless the package of care was set up as an emergency staff would always visit the person to be introduced prior to care commencing. A care coordinator explained that when they were putting together a new care package they would always go and visit to chat with the person and their family to see what care was needed. They said if they could they always tried to do the first visit

them self so they could ascertain what care was required. This would then ensure the care plan contained the correct information.

Records showed people and their relatives were involved in planning and making decisions when setting up new care and support packages or reviewing existing arrangements. People were provided opportunities through these meetings to provide feedback about what they wanted in terms of their care and support.

The service had received several written compliments. These included "We wanted to formally thank nurse plus for the excellent service they gave our parents. Care delivered was so professional, punctual, caring and friendly with any concerns being quickly rectified", "Your staff worked hard and are a delight to work with. You should be proud" and "We really appreciate everything you did for her. Nurse Plus handled everything brilliantly".

Is the service responsive?

Our findings

People were supported by staff to contribute to the planning of their care and support. People told us they had care plans which contained daily records of the care and support they received. They confirmed that care staff wrote in these every visit. People told us they were treated as individuals and felt they were supported in the way they wanted. People were encouraged to share their views about what care and support they required and how they would like to receive this. For example, they could say if they preferred to be supported by a member of staff of the same gender or what level of support they required with their personal care.

People's care plans were personalised and informative. These plans took account of people's preferences, needs and abilities. They included detailed information about how people wished to receive their personal care and support. Staff said prior to visiting people they were given information relating to people's needs, choices and preferences for how they wished their care and support to be provided. Staff told us care plans contained the correct information and were kept up to date. They commented that the information in people's care plans enabled them to support people appropriately in line with their likes, dislikes and preferences. For example, one person's care plan detailed how they liked to be supported with their personal care. Another person's care plan detailed their interests, particularly around their favourite television programmes so staff could make sure these programmes were made available to them. This ensured people received support that was personalised and reflected of what they wanted.

People's care and support needs were regularly reviewed with them by senior staff. People and their relatives were able to discuss the care they received and any changes they wanted to the care and support they received. Records showed these were reviewed regularly throughout the year. People's records had been updated where there had been changes to the care and support required. This meant staff had access to the latest information about how care and support should be provided.

People also had the opportunity to feedback on staff's performance when senior staff undertook observations of their working practices. Recorded comments from people included "X (staff) is very friendly and reliable. Always knows what to do and gets on with it", "I have no concerns at all" and "Very good carer. I like her very much". The observations of working practices ensured that staff were being responsive to people's care needs.

Where people had more complex packages of care staff told us they had the opportunity to attend team meetings to discuss the person's care requirements and review what was working well or not so well. This also supported staff to discuss how they supported the person to ensure consistency of care.

There were regular opportunities for people and their relatives to raise issues, concerns or compliments. People and their relatives were aware of the complaints system and were made aware of this when they started using the service. Information on how to raise concerns was included in the service user guide. No one we spoke with had ever made a complaint but would know what to do if they felt they needed to. People felt able to contact the office with any issues. They said they felt they would be listened to and that

any actions needed to resolve the situation would be taken. There was a complaints policy in place which outlined how the service would handle complaints. We saw where complaints had been made these dealt with in a timely manner and resolved to the person's satisfaction. People and their relatives were invited to share their views of the service. Surveys were sent out each year. Regular reviews of people's care needs were held with the person and their relatives periodically throughout the year.

Is the service well-led?

Our findings

There was good management and leadership at the service. There was a clear organisational structure where all staff knew their roles and responsibilities. The service had a registered manager in post who was supported by two homecare coordinators, one of whom was a senior homecare coordinator. A registered manager is a person who has registered with CQC to manage the service. The registered manager spoke passionately about wanting to give people a high quality service.

Staff said they felt supported by the registered manager and could raise any concerns they had regarding their work. Staff received regular support from the registered manager and homecare coordinators via phone calls, observations and face to face meetings. The registered manager explained they sent regular briefing sheets to both people using the service and staff to keep in touch and update them about things that were happening. The homecare coordinators spent time observing staff to give them feedback on their performance. There were records of active observations which focused on how the member of staff had interacted with the person they were supporting. They explained that this constructive feedback helped to ensure staff followed best practice when supporting people.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

The registered manager sought the views of people using the service, their relatives and staff to support the development of the service. People and their relatives were asked to comment on such things as how they felt about services provided and staff competencies. People we spoke with were generally happy with the way the service was run. They did not identify any improvements that might be made. People told us the office staff were helpful and friendly when they needed to contact them. Comments included "They are always very nice when I ring up" and "They are both helpful girls". We were told the office staff were helpful and accommodating when people wanted to change times of visits. For example, several people mentioned that when they had a doctor or dentist appointment they could phone the office and the call time would be changed to suit them. Comments included "The office staff have always been helpful. If I have to go to hospital they will change things around for me if I need it", "Very helpful. There have been occasions when I have been to the doctor. They'll work round it and they'll help you out".

Everyone we spoke with said they would recommend Nurse Plus. Comments included "If this is the standard of care I think it is very good", "I would recommend them to anybody. It does help me a great deal. I'd really miss them, I really would"; "I have recommended them. I'm just about to recommend them to a neighbour; They are marvellous people" and "I think Nurse Plus on the whole are very good' and 'I hope you write a good report because they all do very well".

Checks to monitor the quality of the service were completed on a regular basis by members of the office

team and registered manager. For example, checks reviewed people's care plans and risk assessments, how medicines were managed and accidents and incidents. The provider's quality monitoring officer completed a whole service audit every quarter. This enabled trends to be spotted to ensure the service was meeting the requirements and needs of the people being supported. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed.

Staff members' training was monitored by the head of training to make sure their knowledge and skills were up to date. There was a training record which showed when staff had received training. Staff told us they received the correct training to assist them to carry out their roles. The service had access to a training room attached to the offices. Information on different topics relating to the people they were supporting was available for staff to access at any time. There was a 'dementia wall' which contained information on what it is like to live with dementia. There was information on the 12 dos and don'ts on how to behave from those people living with dementia. The registered manager said they used this information to promote understanding with staff on how to support people whilst respecting their dignity and privacy.

The registered manager explained they also offered relatives training in certain areas such as safe moving and handling to assist them with supporting their family member correctly. They also held coffee mornings throughout the year so people using the service and their family members could come along and meet the team. They said by offering these opportunities they wanted to promote communication and an inclusive service for those people using it and staff members.

The registered manager used a variety of methods to learn about good practice and new ideas. They attended regular meetings with other registered managers within the organisation to share issues, new ideas and ways of working. They attended any training required of their role and kept up to date with refresher training for those courses already completed. They worked in partnership with other organisations such as the Local Authority and Age UK to keep up to date with new legislation or guidance affecting their service.