Nurse Plus and Carer Plus (UK) Limited

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Inspection report

51 Basepoint Southampton
Andersons Road
Southampton
Hampshire
SO14 5FE

Date of inspection visit:
14 January 2016
27 January 2016

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18 March 2016

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

The inspection took place on 14 and 27 January 2016 and was announced. We gave 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that records would be available.

The agency offers a service to people of any age who may be living with dementia or have a physical or learning disability. The agency currently supports about 30 people in their own homes.

There was a registered manager at 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.

People and their relatives described the care as being safe. The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training with regard to safeguarding adults. Risks to people's personal safety had been assessed and plans were in place to minimise these risks.

The provider had a safe recruitment procedure in place which included seeking references and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. New staff completed a thorough induction before they began working with people.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Staff had been trained in various topics to meet people's assessed needs. People were supported to eat and drink adequately, to take their medicines and access healthcare when they became unwell.

People were positive about the relationships they had with staff. Staff knew people well, they knew their likes, dislikes, preferences and their daily routines. People were involved in making decisions about their care and support. People's privacy and dignity was respected by staff who were polite and thoughtful.

Everyone had a care plan in place which was responsive to their assessed needs. Care plans showed people's preferences, their personal histories and the support they needed throughout the day. The provider had a complaints procedure in place which outlined how complaints would be dealt with and who would investigate. A record of complaints was kept and we saw where complaints had been made, they had been investigated in a timely way.

People were happy with the quality of the service they received. People were provided with a service user guide which included information about the service and what standards people had a right to expect. The service promoted a positive culture which was open and honest and staff enjoyed working there. Effective quality assurance systems were in place to monitor the quality of service being delivered.

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 is safe.

People and their relatives described the care as being safe. The provider had policies and procedures in place designed to protect people from abuse.

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

The provider had an effective and safe recruitment procedure in place.

People received their medicines safely.

Is the service effective?

Good

The service is effective

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs.

People were supported to eat and drink adequately and access healthcare when they became unwell.

Is the service caring?

Good

The service is caring.

People were positive about the relationships they had with staff.

People were involved in making decisions about their care and support.

People's privacy and dignity was respected by staff who were polite and thoughtful.

Is the service responsive?

Good

The service is responsive.

Everyone had a care plan in place which was responsive to their assessed needs.

The provider had a complaints procedure in place and complaints were investigated within appropriate timescales.

Is the service well-led?

Good

The service is well led.

People were happy with the quality of the service they received.

The service promoted a positive culture which was open and honest and staff enjoyed working there.

Effective quality assurance systems were in place to monitor the quality of service being delivered.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 14 and 27 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure we could access records.

The inspection was undertaken by one Inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service has to send us by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed appropriately and returned to us within the timescale we set. As part of this process we sent questionnaires to 19 people using the service, 8 staff and 18 health professionals. We received responses from six people using the service, three staff and one health professional.

During the inspection we spoke with four staff, the registered manager and a member of the senior management team. We looked at a range of records including three care plans and three staff recruitment files. The expert-by-experience telephoned eight people and two relatives to seek their views directly.

Good

Is the service safe?

Our findings

People and their relatives described the care as being safe. Comments included: "I certainly feel safe with my two carers. They are wonderful and just like a family member"; "They make you feel that you are one of their family. They are so kind"; "I get three or four carers a week and I know them all well and I feel very safe with them. We get on really well. They always arrive at the same time each morning and always stay for the full time" and "I can do a lot for myself but the shower they give me makes me feel safe and able to carry on"

The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training with regard to safeguarding adults and gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to use safeguarding procedures and had reported concerns appropriately.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments covered risks such as the environment and mobility. Staff were aware that there could be risks in people's homes, such as rugs on the floor. One said they used the risk assessments to "check what their needs are, see if they are capable of walking or if they need aids." Staff ensured people used equipment to aid their mobility if they needed to, such as a walking stick.

The provider had safe recruitment procedures in place, which included seeking references and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found the checks had been completed before new staff started working with people.

People were supported by sufficient staff who had the right skills and knowledge to meet their individual needs. The registered manager looked at what staffing levels were needed and what skill base was available to them within the staff team. They would not take on a new care package unless they had the staff with the right level of skills and capacity to take on the work. If staff hours needed to be covered, this was done through utilising staff with flexible availability, or from another branch office. The rota was organised over a two week period meaning that people received care and support from the same staff. The registered manager ensured staff had the correct skills and knowledge to meet people's needs by providing specific training. Where they could not meet a request for particular skills they either accessed the relevant training or declined the care package.

Where possible, staff were matched to people's preferences or interests, for example, one person used to paint and was matched with a staff member who was interested in art. The registered manager said the person responded to the staff member well and this benefitted both parties. During spot checks, people were asked about their rapport with staff and their preferences were met where possible. The registered manager was mindful that some people could prefer the same gender to themselves for personal care. All the staff were female and the registered manager said this that none of the male people using the service had requested a male care worker.

Peoples' medicines were managed and administered safely. Some people needed reminding or prompting to take their medicines and others needed more support. People said they received support with medicines in a timely manner and that staff recorded this. People could look after their own medicines where they were able to.

Staff received training on how to support people with medicines and were signed off as being competent to do so. Staff felt able to report errors with medicine administration to the office staff. If an error was made, the registered manager followed a specific procedure. This included an investigation and completion of an incident report. Further training and supervision was planned to ensure the staff member was safe to support people with medicines. If it was considered necessary, staff could be removed from calls to people who needed this level of support. Staff were assessed as being competent before they could support people again with their medicines.

Good

Is the service effective?

Our findings

People told us staff had the training and skills they needed to meet their needs. Comments included, "They are certainly well trained and know exactly how to do the things I need"; "The carers who work with me certainly know what they are doing"; "[Staff] always chat and are very careful when doing my personal care" and "The carers who come know exactly what they have to do and how to do it. They are always polite and make sure everything is okay for me before they start".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. New staff only started working with people after they had completed the induction training which took place over four days. The induction was scheduled approximately every month, which meant new staff could access the training soon after being offered a job. Where existing staff needed to undertake a refresher course, for example, medicines training after making an error, they could access that part of the induction training easily.

Staff were supported through the use of formal supervision which included spot checks to observe how they worked with people. Supervision is a process which offers support, assurances and learning to help staff development and confidence in their role. They also had an annual appraisal of their work and records showed these were up to date.

All staff, including staff based in the office, undertook training in subjects the provider considered compulsory such as moving and handling, safeguarding and infection control. This training was updated over two days annually. Other training needs were identified through supervision and appraisal and included dementia and autism. Staff were supported to undertake external training in areas which may interest them, such as cerebral palsy. One staff member told us they had completed the induction which had been three or four days and had been offered more training over the year. They said, "If you want training, they'll look into it for you." Another said they supported a person with epilepsy and had completed training in this subject.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). The (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 told us that staff sought consent before they supported them. Care plans showed signed consent within the initial assessments. Where people were considered to not have capacity to consent, care plans were discussed with the local multi-disciplinary teams to ensure people's best interests were met.

Staff had completed training about the MCA and were clear about what they could and couldn't do when supporting people. One staff member said "I ask them, I say 'do you want a hand?'" Another said the impact of the MCA when supporting people meant that staff must "not assume people don't have capacity. Just because they have a learning disability or mental health issue, doesn't mean they don't have capacity." They

gave an example of how a person could have different levels of capacity, such as deciding what clothes to wear but not being able to organise their finances. Staff recognised people had different ways and preferences and worked with people in ways which respected this. One said "I give clothing guidance rather than saying no" when people were choosing clothes to wear in bad weather. Another gave an example of how a person had decided to administer their own medicated topical creams and had signed their care plan to that effect.

Staff supported some people with their meals, by making or heating a readymade meal and leaving sandwiches, snacks and drinks. People were happy with this aspect of their care packages. Comments included "They always make breakfast, I like my porridge. They always make me a cup of tea" and "They make my breakfast the way I like it. They also leave me a sandwich for lunch together with plenty of water and my bottle of cordial." People said they were offered a choice of food and one staff member said "I show them the meals in the fridge and they pick".

Staff had undertaken training in nutrition and food hygiene. Food and fluid charts were completed if there was a concern around how little people were eating or drinking. Staff noticed if people were losing weight and sought professional advice, for example, if someone was having difficulties swallowing.

People or their relatives attended to their own medical appointments but one person said "I arrange all my medical appointments, but I am confident they would if I asked." Staff felt able to contact the emergency services, GPs and District Nurse if necessary and reported any concerns to the office.

Good

Is the service caring?

Our findings

People were positive about the relationships they had with staff. One said, "The care is first rate and I can't fault it. It is really brilliant. The carers are lovely." Another echoed this when they said, "The girls who come to see me are very caring and sensitive to my needs. We always have a chat and a joke which cheers me up. They never overstep the mark and are always respectful."

Staff knew people well, they knew their likes, dislikes, preferences and their daily routines. One staff member described how they supported a person who liked "tea and water, two hot water bottles and their handbag to be taken upstairs" before the staff member left for the day. Another staff member said "I get to know them through their stories, I sit and chat with them."

The registered manager explained that they looked for staff who were caring people as part of the recruitment process. They said "We spend time talking to potential staff to see if they are caring." The caring temperament of new staff continued to be monitored through feedback from induction training, shadowing existing staff in their work, spot checks and feedback from the people they supported.

People were involved in making decisions about their care and support. They were involved in planning their care when staff visited them at home or in hospital and once the care package was in place, staff continued to involve them in decisions. People told us "They always ask my consent before starting anything, particularly when they are showering me" and "They do so much to make sure I remain independent. They are just little things but they all help, like laying things out for me so I can do things for myself during the day." Staff described how they gave people choice on a daily basis, such as asking them what they would like or showing them different clothes so they could choose what to wear.

People's privacy and dignity was respected by staff who were polite and thoughtful. Comments from people and their relatives included "They both treat me with real respect and they are so polite and courteous", "They know exactly how to change my bag without causing any discomfort. Doing such personal care they always ask me if it's alright to do these things" and "They are watchful and attentive. They are also very good at keeping [my relative] clean. They always ask [my relative] if it is alright to do her personal care."

Staff knew how to support people with personal care in ways which respected their dignity. One staff member said "I don't assume everyone is the same, one might want a wash all over, another might do some bits themselves" and another said "I shut the curtains, the door, take them somewhere private, wait outside the bathroom." They noticed if people were embarrassed and acted accordingly to reduce the impact of this. The registered manager said staff had training on privacy and dignity and followed a code of conduct, which covered aspects such as how to behave in a person's home.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs and were positive about the support staff gave them. Comments included, "They do know what I like and always make sure that is what I get", "The carers do know how I like things done which is important to me" and "They really understand me and know what I like and what I don't like."

People received consistent care from staff that knew them well. Staff said they visited the same people which meant they knew people well. One staff member said "I spend time getting to know them. Their care plans give you a talking point." During our visit, we heard an office based co-ordinator on the telephone supporting a colleague who was with a person in their own home. The co-ordinator knew the person well and was able to support the staff member from a distance which meant the person concerned received appropriate support. Other comments from staff included "I have plenty of time to spend with people and the rounds are usually in same area" and "I've got enough time, if I've got a gap, I'll stay and have a chat".

Everyone had a care plan in place which followed an assessment of their needs. Care plans were developed with people and their relatives, where appropriate. Care plans showed people's preferences, their personal histories and the support they needed throughout the day. Daily records showed people received the care and support as detailed in the plans. Staff visited people at home regularly to review their care plans to ensure they still met people's needs. We saw from the records of these reviews that people were pleased with the care and support they received. Where changes were needed, staff had taken action to ensure the changes were adhered to.

The provider had a complaints procedure in place which outlined how complaints would be dealt with and who would investigate. People were given information about how to complain when the agency started to visit them. A record of complaints was kept and we saw where complaints had been made, they had been investigated in a timely way. Letters were sent to people, detailing the complaint, what had been concluded, what action had been taken as well as an apology. People told us where they had complained, for example, about a specific staff member's abilities, this staff member had not visited them again. They also said the office staff had responded to their complaint quickly.

Good

Is the service well-led?

Our findings

People were happy with the quality of the service they received. In particular, they made positive comments about the office staff, who were considered helpful when people contacted them. One person said "They follow up on whatever you ask" and another said "The office is helpful when I need to contact them in case of any changes." One person commented that they received a letter each week telling them which staff members were going to visit the.

People were provided with a service user guide which included information about the service and what standards people had a right to expect. Also included was information on keeping people safe and a leaflet about the Care Quality Commission.

The service promoted a positive culture which was open and honest and staff enjoyed working there. Comments from staff included "It is brilliant, it's like working with friends. [The management] are very welcoming, they go above and beyond to make you happy in your work. They make you feel valued", "I think it is a good company to work for, I would recommend it. They are very friendly, I never feel I can't phone and ask for time off, don't feel fear if I am sick" and "I enjoy it, it is open, you can say what you want."

Staff also spoke positively about the overall management of the service. One said "[the management] are all approachable, they will sort things out for you" and another said "I can discuss any problems and sort my shifts out." The registered manager said "We have an open door policy, staff feel relaxed about coming in and talking to us." A member of the management team said "It is the same at head office, the branch managers call us, we are on first name terms, the senior management and the chief executive are approachable."

Quality assurance systems were in place to monitor the quality of service being delivered. The registered manager audited the log books (daily records about how staff had supported people) on a monthly basis. Where they identified issues such as missing entries, action was taken which included staff supervision, and the log book was not signed off as complete until the actions were concluded. The registered manager said "Staff are good at reporting problems with log books."

The quality of the service was also monitored by seeking the views of people using the service. Postal surveys were sent out quarterly and the results were analysed at head office. Where necessary, an action plan was put in place and monitored to ensure the actions were completed. If someone had made a negative comment or raised a concern, the response was for staff to organise a review at the person's home. The provider also undertook a quality audit of the service which last took place over three days in November and had positive outcomes. Branch managers attended a quarterly meeting together as well as weekly teleconference meetings, to discuss and monitor the quality of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed appropriately and within the time frame. The registered

manager ensured notifications were sent to us. A notification is information about important events which the provider is required to tell us about by law and we used this information to monitor the service and ensure they responded appropriately to keep people safe.

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