

## Nurse Plus and Carer Plus (UK) Limited

# Nurseplus UK

### Inspection report

Suite 6, Pine Court Business Centre  
36 Gervis Road  
Bournemouth  
BH1 3DH

Date of inspection visit:  
18 July 2019  
22 July 2019  
29 July 2019

Date of publication:  
24 September 2019

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Nurse Plus UK is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection the service was providing care and support to 45 people.

### People's experience of using this service and what we found

The management and administration of people's medicines was not always safely undertaken.

We saw, and people told us, they received care from staff who knew their needs well and ensured that they felt safe and well cared for. We have made a recommendation about how staff visits to people are planned to ensure they have the required time to spend with people and enough time to travel between visits.

People and staff felt the service was well led. We have recommended that systems for auditing and oversight of the service are reviewed.

People were supported by staff who provided flexible, responsive care. Staff recruitment checks ensured staff were suitable to work with people in a care setting. Staff induction, on-going training and support enabled them to carry out their roles effectively.

People told us they felt listened to and consulted when planning and agreeing what care and support they needed. We found that people were supported to access appropriate healthcare where necessary to maintain their health and wellbeing.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infections.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice and we have made a recommendation regarding mental capacity assessments and best interest decisions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Enforcement

We have identified breaches in relation to the management and administration of medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Rating at last inspection

The last rating for this service was good (published 8 November 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Nurseplus UK

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of 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. Their area of expertise was with older people.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 July 2019 and ended on 29 July 2019. We visited the office location on 18 and 22 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

During the inspection we spoke with seven people and five relatives or friends. We also spoke with the registered manager and two staff. Four staff gave feedback to us about the service via email.

We reviewed a range of records including five care plans and medicines records, four staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. This including seeking staff opinions via email and contacting health professionals to ask for their view of the service. Four staff and one health professional gave feedback to us.

We also looked at training data and quality assurance records and analysed all the information that we had gathered.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Some people required staff support to help them manage their medicines. Some areas of medicines management needed to be improved.
- Where people needed to have a specific time gap between doses of medicines, visit times did not always take this into account. We found occasions where people required a four hour gap but had received a further dose within a two and half hour gap. The registered manager investigated this immediately and advised that some staff had not been making calls in the planned order and that other calls had been scheduled incorrectly. They took immediate steps to address this.
- Some people had medicines prescribed that they could take as and when they were needed (PRN). There were no instructions for staff about when such a medicine could be administered and the total amount that could be taken in one day. This is contrary to the service's own medicines policy and national good practice guidance.
- A Medicines Administration Record (MAR), was in place to detail the medicines people were prescribed and when they were administered. Care staff were hand writing these using information from pharmacy labels during their care calls. This meant that there was less time for them to carry out the care and support people required. The registered manager has since confirmed that this practice has ceased and is completed by office staff.
- Systems to ensure that the correct information was recorded on MAR were not effective. Handwritten entries on Medicines Administration Record (MAR) had not always been checked and counter signed by a second member of staff. There were also examples where records had been counter signed but not for a considerable period of time. The registered manager advised that this would no longer be an issue as records would be created and checked in the office.
- Body maps were not always used to ensure staff had guidance about where topical medicines should be applied. The registered manager took immediate action to rectify this.
- Some medicines, such as topical creams and eye drops, were only effective for a specific period of time once opened. The medicines policy instructed that staff should record opening dates on such items. However, there was no system in place to check that this was happening and ensure that medicines were given safely.
- Some people had medicines prescribed for times when staff were not due to visit. In this situation, staff were leaving medicines out for people to take and noting this in the daily records. No risk assessments had been completed to ensure that this was safe to do for the individuals concerned and there was no follow up to check that medicines had been taken.
- Records were not being completed appropriately to demonstrate that staff had administered medicines as required. Many of the MAR contained gaps and there was no explanation for this. The registered manager

provided evidence that they had already identified this issue and was taking action to prevent this occurring.

- There was no system in place to check the effect on people if they refused or spat out medicines. Records showed that one person was frequently doing this but there was no evidence that the GP or other prescriber had been informed that the person was not taking medicines that were deemed necessary for their health.
- Staff who had completed safe management of medicines training and had their competencies checked regularly. However, these measures had not prevented the medicines issues that have been highlighted here.

Medicines management systems that were in place were not effective and did not ensure safe administration of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Recruitment practices were safe. The relevant checks had been completed before staff worked with people in their homes.
- People told us there were sufficient numbers of care workers available to meet their needs.
- The staffing levels were determined by the number of people using the service and their needs.
- Three staff told us that the time allowed for travelling between calls was not always sufficient. Analysis of staff rotas showed that there were frequent occasions where no travel time was scheduled between calls or only 5 minutes was allowed for journeys that could take between 12 and 25 minutes. The registered manager advised that they were already aware that the times set in the computer programme were insufficient and this would be addressed by 11 August 2019.
- Rotas also showed that there were occasions where staff calls to different people overlapped meaning staff should be in two places at the same time. The registered manager confirmed that they were aware that this happened, and steps were always taken to rearrange rotas to minimise the impact on people.
- Analysis of daily records showed that staff frequently did not stay for the contracted length of the visit. For one person the total amount of time that should be spent with them by staff over 20 visits was 810 minutes. Records showed that staff had only spent 580 minutes providing care and support. For another person, the total amount of time was 600 minutes and staff had only stayed for 495 minutes. One person told us, "The carers are always hurried. They don't always say goodbye so sometimes I don't know they have gone." The registered manager told us that, in some cases, people had told staff they could leave early but acknowledged that there was no record to demonstrate this.
- People told us they had good continuity of care and that their care workers were reliable. For example, one person told us, "Most [care workers] come dead on time".

We recommend that further work is carried out to review the allocation of calls to meet people's needs, to ensure staff have sufficient time to travel between calls and to ensure staff are able to stay the length of time that people required.

#### Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary.

#### Assessing risk, safety monitoring and management

- People and relatives said they felt safe with staff. One person told us, "Yes, I feel safe with the carers – I



know them."

- Assessments were carried out to identify any risks to people and to the staff providing their care. This included any environmental risks in people's homes and risks associated with people's care needs. Risks were managed in consultation with people and their relatives
- Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- There was a contingency plan in place in case of events that effected the service running safely such as staff sickness, problems with the building or adverse weather.

#### Preventing and controlling infection

- People were protected from the risk of infection because staff were trained in infection control. Everyone we spoke with said the staff put their training into practice.
- Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded. The registered manager checked each individually to ensure necessary action had been taken for people's safety and welfare. They also reviewed them for themes that might suggest further action was required.
- Lessons learned were shared with staff through supervision or team meetings as appropriate.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had training about the MCA. They understood people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People had signed their care records to show that they consented to the care and support they were being provided with
- Where required, mental capacity assessments and best interests decisions forms had been completed. The forms had not always been completed in accordance with the principles of the MCA. For example, a number of different decisions had been made on the same form and there was little detail about what had been done to find out the person's views, who else had been consulted or whether there were other less restrictive options that could be tried.

We recommend that the completion of MCA assessments and best interests forms are reviewed to ensure that they are in accordance with the principles of the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care and support needs were carried out before care was provided for people. These pre-assessments were used to form the basis for people's care plans and ensure that their support needs could be met.
- There were regular reviews of people's care to ensure it was meeting their needs. Assessments and care plans were updated as necessary.

- Assessments included gathering information about people's cultural, religious and lifestyle choices and any equipment that was needed such as special beds, hoists and key safes. One relative told us, "There is a care plan. The manager came to the house and it was discussed and followed through"

Staff support: induction, training, skills and experience

- People told us they felt their needs were met by staff with the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours for their roles.
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles.
- All new staff completed an induction. Those without qualifications or experience in care work were expected to attain the Care Certificate. The Care Certificate represents a nationally accepted set of standards for workers in health and social care. Staff did not work unsupervised until they and the management team were confident they could do so.
- The registered manager had an ongoing programme for updates and refresher training in place. People, relatives and staff said they felt confident in the training that was provided.
- Staff said they were well supported through training, supervision and conversations with the registered manager and office team. They confirmed they had no trouble getting refresher training, and felt they had the necessary skills despite the longer times between updates.
- Some staff refresher training was slightly overdue. The registered manager demonstrated that they had a plan in place to address this.
- Many of the people receiving support from the service were living with dementia. Some people also experienced behaviours that were challenging to themselves and to others. Training records showed that training in dementia and positive behaviour support had not been provided for the majority of the staff. The registered manager confirmed that they had already identified this as an issue and requested the relevant training from the registered provider.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff who understood their food and drink needs and preferences. A relative told us, "Meals are prepared, and sandwiches are made. All are aware that [person] wants a sweet to follow and how he wants his meals. He is always left with something to eat."
- Care plans reflected the support the person needed.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed collaborative working with other agencies, such as GP's and district nurses, had ensured people received effective care and support.
- A health professional told us, "My previous experiences with the agency have been mostly positive – good communication from managers and care supervisors and carers that I have observed and worked with have generally been well trained and caring."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed this. This included support from GP's, community nurses, opticians and chiropodists.
- People told us this was done in a timely way and records confirmed this. A relative told us, "A carer found [person] collapsed and got an ambulance straight away. If she had been late and not found him in time, we would have lost him."
- Records showed that instructions from healthcare professionals were carried out.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives described staff as kind and caring and confirmed they were treated with respect. A relative told us, "They are marvellous, a lovely bunch. Interaction with [person] is very good. They are very fond of him. They sing with him and get him to sing too."
- People's assessments and care plans contained information about what was important to them, including protected characteristics such as religion where these were relevant.
- Staff understood and respected people's lifestyle choices. When staff told us about the people they supported they demonstrated an open, non-judgemental attitude that respected people's diversity.

Supporting people to express their views and be involved in making decisions about their care

- Everyone we spoke with felt included in how their care and support was planned and delivered and had opportunities to have their opinions heard. One person said, "They have a key to get in when they call in the morning. They are flexible. Sometimes I have been up half the night. I tell them what I need doing and then say to leave me alone and they do that."
- If people needed independent support with making decisions, the registered manager had information available about advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they had regular staff who knew and understood them. One person said, "They are very good. Very courteous and know how to speak to me. They always respect our wishes and do what we need. "
- People confirmed that staff were respectful of their privacy, dignity and independence. One person said, "They are sensitive when they wash me." A relative told us, "They always shut doors when necessary."
- Assessments asked people whether they had preferences regarding staff of the opposite sex providing their personal care. Where people had such preferences, these were respected.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that staff provided them with all the care and support they required; they said they felt well cared for and were always consulted about what they needed and how they wanted this to be done for them. A relative told us, "They read my detailed notes and take notice of them." Another relative told us, "Sometimes [person] says 'no' to care and they respect her wish not to get dressed."
- Each person had a care plan that was personal to them. Care plans provided basic information about people's needs and the tasks staff were to complete at each visit. Some areas of care plans such as moving and assisting people and pressure area care did not have sufficient detail to ensure there was a complete record of their needs and how staff should provide support to ensure people's needs were met.
- Some people were living with specific conditions such as diabetes, Parkinson's disease and mental health conditions. Each person's file contained an information sheet about the condition but there was no personalised information about how the person was affected by their condition or any signs and symptoms staff should be aware of.
- The registered manager provided evidence of a recent audit that had highlighted these issues and confirmed that a full review of all care plans was being planned.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.
- People told us they knew how complain if they needed to and felt confident that they would be listened to.
- The complaints procedure explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.
- Records showed that complaints were acknowledged, investigated and resolved in accordance with this

policy.

#### End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.
- People had been given the opportunity to discuss their end of life wishes and these were documented where they had chosen to do so.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, relatives and staff expressed confidence that the service was well run. One person said, "They all strive to meet my needs and fix everything. I rang the office twice and they were very helpful. What a good team they have. It is a good organisation."
- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider.
- People and staff said there was a clear management structure in place and that they were always responsive to any issues raised. A member of staff told us, "Nurse Plus office staff are amazing. I've never worked for a company who are so helpful. The office staff and manager will bend over backwards to accommodate you: to find a shift if you want one or cover one for you when the unexpected happens."
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents, were met.
- The registered manager monitored the quality of the service provided through a range of audits. Audits had been completed just prior to this inspection and the registered manager had created an action plan to address the shortfalls that had been identified. For example, the issues regarding care planning and staff training in dementia.
- The systems in place had not been fully effective in assessing and monitoring the management and administration of medicines or identifying shortfalls in compliance with the Mental Capacity Act.

We recommend that systems and processes to ensure the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are reviewed to ensure the quality and safety of the service is fully assessed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were motivated to provide the best possible person-centred care and support for people. A relative told us, "They do a good job with the resources they have. They are just marvellous. I have no concerns [person] will be neglected. I live miles away, but I feel safe about the situation."
- People and staff told us that the registered manager was very approachable and that they would have no

hesitation in raising concerns or making suggestions. A member of staff said, "I'd like to start with the utmost praise for [registered manager and office staff]. Whenever I have experienced any issues they have always been extremely helpful and try to offer the best solution and support in each circumstance."

- Staff told us there was good communication amongst their colleagues and the office team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted openness and learning from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There had been a quality assurance survey in December 2018. The results had been positive, people and their relatives complimenting their care and the staff who provided it.
- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys or reviews. This information was used to improve the service and to highlight good practice or care.
- Staff said they felt comfortable putting forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

Continuous learning and improving care

- There were a variety of audits completed to ensure the quality of the provision was maintained. Where issues were identified, appropriate actions were taken.
- There was evidence that learning from incidents; investigations took place and appropriate changes were implemented

Working in partnership with others

- The registered manager told us, and records supported that, the service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines management systems that were in place were not effective and did not ensure safe administration of medicines