Nurse Plus and Carer Plus (UK) Limited

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Inspection report

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Tel: 01622756348

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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

Nurse Plus and Carer Plus (UK) Limited is registered to provide nursing and personal care for people in their own homes. It also provides a service to people who run care homes by supplying nurses and care staff to work at their locations. This inspection report focuses on the way in which care was provided for people in their own homes.

The service can provide assistance for adults of all ages including people with a physical disability, sensory needs, mental health issues and a learning disability. It can also provide care for people who live with dementia, who misuse drugs and alcohol and people who are receiving palliative care at the end of their lives. At the time of our inspection the service was not providing any nursing care. Most of the 40 people who were receiving assistance were older people. The service had its office in Maidstone and covered Maidstone, Staplehurst, Tunbridge Wells and surrounding areas.

The service was owned and operated by a company. There was a business support manager who was based at the company's head office in Canterbury and who supervised the operation of a number of the company's services. There was also a registered manager in post who was based at the service in Maidstone and was who was responsible for its day to day management. 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. In this report when we speak both about the company and the registered manager we refer to them as being, 'the registered persons'.

The arrangements to ensure that there were enough staff were not always robust and staff had not consistently helped people to safely manage their medicines. Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse and had been assisted to avoid the risk of accidents. Background checks had been completed for new staff.

Staff had received training and guidance and they knew how to support people in the right way. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed.

The Care Quality Commission (CQC) is required by law to monitor how registered persons apply the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and staff had received training in this subject and this enabled them to help people make decisions for themselves. When people lacked the capacity to make their own decisions the principles of the Mental Capacity Act 2005 and codes of practice were followed. This helped to protect people's rights by ensuring decisions were made that were in their best interests.

People were treated with kindness and compassion. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. Staff knew how to support people who lived with dementia and they recognised the importance of promoting equality and diversity. There was a system for quickly and fairly resolving complaints.

Some quality checks had not been completed regularly to ensure that people reliably received all of the care they needed. People had not been fully consulted about how best to develop the service. Staff were supported to speak out if they had any concerns, good team work was promoted and people had benefited from staff acting upon good practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The arrangements to ensure that there were enough staff were not always robust.

Staff had not always assisted people to manage their medicines safely.

Staff knew how to protect people from abuse and people had been helped to stay safe by avoiding accidents.

Background checks had been completed in the right way before new staff had been employed.

Is the service effective?

Good

The service was effective.

Staff knew how to care for people in the right way and had received all of the training and support they needed.

People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

Is the service caring?

Good

The service was caring.

People said that staff were kind and considerate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been regularly consulted about the care they wanted to receive.

Staff had provided people with all the care they needed and responded innovatively to support people who lived with dementia.

Staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives.

There were arrangements in place to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality checks had not always been robustly completed to ensure that people reliably received all of the care they needed.

People had not been fully consulted about the development of the service.

Staff had been encouraged to speak out if they had any concerns and good team work had been promoted.

People had benefited from staff acting upon good practice guidance.

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 registered persons were 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.

Before our inspection visit we reviewed information we held about the service. This included the Provider Information Return (PIR). This is a form the registered persons had completed to give some key information about the service, what the service does well and improvements they planned to make. We also reviewed other information we held about the service such as notifications. These refer to events that happened in the service which the registered persons are required to tell us about.

We also spoke by telephone with 10 people who used the service and with two of their relatives. We did this to obtain their views about how well the service was meeting people's needs. In addition, we spoke by telephone with five members of staff (care workers) who provided care for people.

We visited the administrative offices of the service on 23 November 2016 and the inspection team consisted of a single inspector. The inspection was announced. The registered persons were given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with the business support manager, registered manager, care relief branch manager, a care coordinator and the client assessor. In addition, we examined records relating to how the service was run including visit times, staffing, medicines management, training and quality assurance.

After the inspection visit we spoke with the head of quality assurance. This was because we needed further

information about parts of the quality management system used in the service.

Requires Improvement

Is the service safe?

Our findings

We were told that during the spring and summer of 2016 the service had experienced considerable problems in recruiting and retaining enough staff to reliably complete all of the visits that had been planned. In part these difficulties had been due to the registered persons agreeing to undertake a significant number of additional visits when in practice they did not have the staff to cover them. We were informed that this had created a number of problems as the service was put under pressure due to staff rosters being rearranged to accommodate the additional visits that needed to be done. This had resulted in a small but significant number of occasions when visits had not taken place at the right time or had not taken place at all. It had also resulted in staff being changed at short notice and so people who used the service had not always known who would be calling to see them.

We noted that the registered persons had identified these problems and taken steps that were designed to address them. These measures included liaising with the local authority so that another provider could deliver some of the visits that the service could not reliably cover. Another measure had been the registered persons deciding not to accept any further new business until they were certain that they had sufficient staff.

However, we found that further improvements still needed to be made to ensure that there were enough staff to enable planned visits to consistently be completed in the right way. A majority of the people who used the service with whom we spoke said that they had reservations about the way in which staff were organised. In particular, they said that too many visits did not take place at the right time. Summarising this view a person remarked, "In general the staff are fine but the problem is getting them here on time. They can be late and even if they're very late no one usually calls me and so I'm left wondering if they've forgotten me." Another person commented, "I've had some missed visits or ones that are so late that they run into the next visit. But things have definitely got better and so I'm hoping that will carry on."

We looked at records that showed the times when visits had been completed for three people over a period of several days in October 2016. We found that a small minority of visits had not been started at the correct time. Records also showed that in August and September 2016 there had been at least 30 occasions when staff had not completed a visit at all. However, we noted that the frequency of missed visits had reduced significantly during October and November 2016. In addition, we were informed that the missed visits had not resulted in the people concerned experiencing direct harm. Nevertheless, people who used the service told us that the mistakes had inconvenienced them and caused them anxiety. This was because they had not been confident that they would receive the assistance they needed to be safe at home.

After our visit the head of quality assurance assured us that the need to eliminate late and missed visits would continue to be a high priority for the registered persons. They informed us that additional checks would immediately be introduced to ensure that the progress made to date would be sustained. This was so that there would always be enough staff who were organised in the right way to reliably deliver all of the planned visits. They also told us that the company planned to introduce a new computer system by the end of March 2017. They said that this system would make it much easier to check that visits were being

completed at the right time and in the right way.

Records showed that staff had received training and support to help them to assist people to use medicines in the way intended by their doctors. People were confident that they had been provided the assistance they needed to take their medicines at the right time and in the right way. However, we noted that in October 2016 there had been a significant number of occasions when staff had not always correctly recorded each time when they had dispensed a medicine. This had resulted in staff not being clear about what medicines had been used and this had increased the risk of people being given additional medicines that exceeded the recommended daily dosage. In addition, we noted there to have been one instance when staff had not correctly documented how a minor pain relief medicine should be used. This had resulted in the medicine being used in a way that not been agreed by the person's doctor. In combination, these mistakes had increased the risk that people would not be consistently assisted to use their medicines in the right way.

Records showed that the registered manager and care coordinator had recognised the need to address these problems. As a result they had given staff extra training and guidance. In addition, the head of quality assurance told us that further checks would immediately be introduced to ensure that that the shortfalls would be addressed. This was so that people were consistently helped to manage their medicines in the right way. They also informed us that the new computer system we have mentioned above would automatically highlight most mistakes relating to the management of medicines so that action could promptly be taken to put them right.

People said that they felt safe when in the company of staff. A person said, "I've no trouble at all with the staff once they're here as most of them are very nice. But in the past there have just been too many changes and sometimes I've not really known who to expect to turn up." Relatives were also reassured that their family members were safe. One of them said, "My family member tells me that in general the staff are very polite and kind people."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We noted that in the 12 months preceding our inspection the registered persons had appropriately worked with the local safeguarding authority to promote people's wellbeing. This had been done to address a small number of concerns that had been raised about how well people were being kept safe at home.

We noted that staff had identified possible risks to each person's safety and had taken action in consultation with health and social care professionals to address avoidable hazards. An example of this involved staff liaising with health and social care professionals so that people were provided with equipment to help prevent them having falls. This included people benefiting from having special hoists and walking frames. Another example had involved staff arranging for a person to be provided with a fire resistant blanket to help them smoke in safety and comfort when in their bedroom. In addition, we noted that the registered persons recognised the importance of investigating any accident or near miss that occurred. This was so that steps could quickly be taken to help prevent the same thing from happening again. A relative commented on this matter saying, "The staff take a genuine interest in my family member's welfare and they'll go out of their way to help them if they can."

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed by the service.

Good

Is the service effective?

Our findings

People told us they were confident that staff knew how to provide them with the assistance they needed and wanted to receive. Speaking about this a person commented, "If it's my regular staff they know me well and all goes well. If it's new staff or a last minute change I might have to explain more what they need to do." Another person commented, "Overall yes, the staff do know what they're doing. But then suddenly there'll be a change because a regular is away for some reason and then it could be someone who doesn't know me at all. It's annoying but thankfully it doesn't happen too often."

The registered persons said that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills remained up to date. Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. This training included completing the new national Care Certificate that sets out common induction standards for social care staff so that they have the basic knowledge and skills they need to care for people in the right way. We also noted that established staff had been provided with refresher training in key subjects such as how to safely assist people who had limited mobility and first aid. Records showed that staff had regularly met with a senior colleague to review their work and to plan for their professional development.

We found that staff had the competencies they needed to provide people with the care they wanted to receive. An example of this involved staff telling us how they assisted people who needed to be helped using a hoist. We noted that they suitably described how to safely use the equipment including occasions when two staff needed to work together in order to correctly deliver the assistance in question. Other examples involved staff having the knowledge and skills they needed to contribute to enabling people to keep their skin healthy and to promote their continence.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered manager and staff were following the Mental Capacity Act 2005 in that they had supported people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave examples of this when they described how staff had explained to them why they needed to carefully ensure that they secured their homes by closing windows and locking doors. Another example, involved the way that staff had gently encouraged people to make the right decisions to enable them to stay safe by making sure that they adequately heated their homes.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals and relatives to help ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a relative after they had become concerned that two people could no longer safely live at home even with the assistance staff were providing. Records showed that this had enabled careful consideration to be given

about how best to support the people concerned.

We noted that when necessary people had been provided with extra help to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. They also showed that staff were providing additional assistance for one person who was at particular risk of not drinking enough. This involved staff carefully noting how much the person was drinking each day. They were doing this so that they could liaise with healthcare professionals if the person was not having enough hydration. Relatives valued this part of the assistance their family members received with one of them saying, "I am pleased to know that my family member is being helped with their meals and drinks because otherwise some of them might get missed."

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern. A relative commented on this saying, "The office staff have contacted me in the past when there have been concerns about my family member and between us we've arranged for the doctor to call. It's not actually their job to do this and so I appreciate what they do."

Good

Is the service caring?

Our findings

Most people who used the service were positive about the quality of care they received. One of them said, "I quite look forward to seeing the staff because they're friendly face and helpful too." However, some people felt that staff could be rushed and under pressure. Expressing this view a person, "Sometimes the staff have to rush to make up time and this was especially so over the summer months this year. But it's better now and let's hope it stays that way."

People said they were treated with respect and with kindness. An example of this was a person saying, "The staff are usually very thoughtful and they'll happily do little extras for me in their own time for which they don't get any credit." Another example was a person who told us, "I don't think that most of the longer serving staff see it as just being a job. The problem is that a lot of them have left in recent times."

We found that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. Records showed that this extended to the registered manager keeping in contact with relatives who did not live locally. A relative spoke with us about this and remarked, "There has been the odd occasion when staff have needed to contact me and that's been helpful so that we can all work together."

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the registered manager had developed links with local lay advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell. A person commented to us about this saying, "When I first started with the service I was asked about all sorts including how I wanted the staff to come into my home. I have my own arrangements with the staff and I'm happy with them." In addition, we noted that there was a clear system for staff to follow if they were not able to obtain access to someone's home. If necessary this included contacting the emergency services so that help could be provided if a person had fallen and could not open their front door.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was staff saying that they never used social media applications for these conversations. This was because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely. The service's computer system was password protected and so could only be accessed by authorised staff. In addition, paper records were kept neatly in subdivided files that were secured in locked cabinets when not in use.

Good

Is the service responsive?

Our findings

People told us and records confirmed that each person had a written care plan a copy of which was left in their home. People said that they had been invited to meet with a senior member of staff to review the care they received to make sure that it continued to meet their needs and wishes. A person summarised this arrangement when they said, "When I first started with the service a very nice lady came out to see me from the office and asked what help I needed. I've heard from them since then when they checked if I was still okay with the service."

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom, changing bed-linen and getting about safely. A person commented about this saying, "The staff do a lot for me and it makes all the difference. I wouldn't be able to manage at home without them." We examined records of the tasks three different staff had completed during a number of recent visits to three people in October 2016. We found that the people concerned had been given all the practical assistance they needed and had agreed to receive.

Staff were confident that they could support people who lived with dementia and had special communication needs. We noted that staff knew how to relate to people who expressed themselves using sign assisted language. In addition, staff knew how to effectively support people who could become distressed. A member of staff illustrated this by describing how they reassured a person when they became anxious. This involved sitting quietly with the person and chatting about everyday subjects such as the weather and their respective families.

Staff understood the importance of promoting equality and diversity and we noted that they had been provided with written guidance about how to put this commitment into action. An example involved the registered manager saying that they consulted with people about the gender of the staff who assisted them. In addition, we noted that the registered manager knew how to support people who used English as a second language. This included knowing how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

Records showed that the registered persons had received 16 complaints during the 12 months preceding our inspection visit. We noted that the registered persons had an internal management procedure that was intended to ensure that complaints could be resolved quickly and fairly. We reviewed a selection of the complaints and noted that people had mainly voiced concerns about incorrect visit times and missed visits. We found that the registered persons had properly investigated each complaint to establish what had gone wrong and what improvements needed to be made. An example of this involved the steps we have described that had been taken by the registered persons to better ensure that there were enough staff to enable visits to be completed in a reliable way.

The registered manager told us that they recognised how important it was to continue to focus on resolving complaints. This was so that lessons were quickly so that any necessary improvements could be made.

Speaking about their experience of making a complaint a person remarked, "Earlier in the year things were very fraught with the office staff. While they were always polite I didn't feel that I always got a solution if I raised a concern about say a late visit. Now, things seem to be calmer and I feel that if I had a problem it would probably get sorted out for me."

Requires Improvement

Is the service well-led?

Our findings

Some people and their relatives told us that they considered the service to be well managed. One of these people said, "You have to be reasonable and things don't go right all of the time. In general, I think that the service is run professionally and most of the visits are completed okay." However, other people were less complimentary and expressed reservations about the management of the service. One of these people remarked, "I wouldn't want to be too critical but I think that there's room for improvement. That's because of visits not being done at the right time and too many changes of staff. Also, I'm not always told by the office even when they know staff are running late and visits will be delayed." Another person also commented on these shortfalls saying, "Things are much better than they were earlier in the year that's for sure. My only concern is that the service doesn't slip back to me having numerous late visits and the basics just not being right."

In their Provider Information Return the registered persons said that they used robust systems to check on the quality of the service people received. One of the arrangements involved a senior member of staff completing 'field care supervisions' at people's homes. This involved regularly arranging to observe a care worker when they were providing care for a person in their home to ensure it was being done in the right way. However, we noted that these checks had become overdue during the spring and summer in 2016 and had only just been reinstated in October and November 2016.

We also noted that the completion of other quality checks had also become delayed earlier in the year. These included checks to ensure that visits were completed at the right times and that medicines were managed in a safe way. Again we found that these checks had only been started again on a regular basis in October and November 2016. These shortfalls in the completion of quality checks had contributed to problems with the running of the service not being quickly identified. In turn, this had resulted in people not always receiving a service that had met their needs and expectations.

Records showed that the head of quality assurance had completed a number of quality checks over the course of 2016. We noted that these audits had been detailed and had helped to identify the shortfalls we noted in the running of the service. We also saw that they had contributed to the registered persons recognising that robust steps needed to be taken to address the issue of late and missed visits and problems with the management of medicines. However, these checks had not always resulted in all of the necessary changes then being made. The head of quality assurance acknowledged this and told us that the registered persons were working hard to strengthen the way in which problems were addressed.

In their Provider Information Return the registered persons also said that they recognised the importance of enabling people to contribute suggestions about the future development of the service. However, we found that robust steps had not been made to fully implement this commitment. An example of this was the arrangements that had been made to enable people to give feedback by means of quality questionnaires. Records showed that a number of people had expressed reservations about the reliability of their visits. We noted that in response to this the head of quality assurance had prepared an action plan that described how the necessary improvements were going to be made. However and as we have noted earlier in our report,

the improvements had not been wholly successful in addressing people's concerns.

Another shortfall involved the arrangements that had been made for office staff to regularly telephone people in order to obtain feedback. We were told that these telephone calls were important because they were a 'pulse check' on how well the service was doing. However, we were also told that most people who used the service had not received a telephone call as frequently as planned during the spring and summer of 2016. This was because office staff had been too busy planning visits and in some instances completing visits to cover for staff vacancies. Although records showed that the system of telephone calls had been reinstated the shortfalls earlier in the year had reduced people's ability to contribute suggestions about how the service could be developed.

We found that the registered persons used a number of measures to develop good team working practices. These arrangements were designed to ensure that people consistently received the care they needed. An example of this involved staff being expected to read the records that were kept in each person's home. These described the care that had been provided to date and noted any changes which needed to be made. Staff said that this arrangement helped to ensure that they provided flexible support that responded to people's changing needs. In addition, records showed that staff had regularly been invited to attend team meetings. This had been done so that staff could be updated about developments in the service and contribute ideas about how to further promote good team working.

Most people and their relatives said that they knew who the registered manager was and that they were helpful. We noted that the registered manager and the care coordinator knew about important parts of the care people were receiving. In addition, they knew about points of detail such as which members of staff were allocated to complete particular visits. This level of knowledge helped them to manage the service on a day to day basis.

We found that there was an open, relaxed and friendly approach to running the service. Staff said that they were confident they could speak to a senior colleague if they had any concerns about the conduct of another staff member. Staff told us that this reassured them that robust action would be taken if they raised any concerns about poor practice.

We noted that the registered manager recognised the importance of ensuring that people who used the service benefited from staff acting upon good practice guidance. An example of this was the way in which they had subscribed to a national scheme that is designed to ensure that people who receive care at home have their dignity respected and promoted. We found that this national guidance was reflected in the knowledge and skills staff brought to their work and helped them to promote positive outcomes for people who used the service.