Nurse Plus and Carer Plus (UK) Limited

# Nurse Plus and Carer Plus (UK) Limited - Ashford

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

We inspected Nurse Plus and Carer Plus (UK) Limited – Ashford on 06 and 07 November 2017 and the inspection was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people and some younger adults.

Not everyone using Nurse Plus and Carer Plus (UK) Limited – Ashford receives a regulated activity; the Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Nurse Plus and Carer Plus (UK) Limited Ashford provide care and support to people in their own homes. The service is registered to provide personal care and treatment of disease, disorder or injury. At the time of the inspection there were approximately 200 people receiving support with their personal care and none in receipt of treatment of disease, disorder or injury. The service undertakes visits to provide care and support to people in Ashford, Tenterden, Romney Marsh and surrounding areas. The service can also provide 24 hour support to people.

The service is run by a registered manager. Their registration had been confirmed the week before our inspection. They were not present at the inspection as they were on leave. A registered manager is a person who has registered with CQC 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.

At the last comprehensive inspection in November 2016 the overall rating for the service was Requires Improvement. Four breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. The provider had failed to have proper and safe management of medicines, mitigate risks to people's health and safety, mitigate risks in infection control, ensure people were treated with dignity and respect, ensure care plans reflected people's preferences and ensure systems and processes were operated effectively.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key questions safe, effective, caring, responsive and well led to at least Good.

At this inspection we found that some improvements had been made and three of the breaches had been met. However, checks on the quality of the service continued not to identify and address shortfalls in the service. Further improvements were required in relation to the recording of medicines and responding to people's concerns.

Checks and audits had been completed but were not consistently effective in driving improvements in a timely way to ensure compliance and make sure people received a quality service.

People's medicines were not consistently managed safely. Staff did not complete medicines records correctly. We have made a recommendation about the management and recording of some medicines.

People knew how to complain and the provider followed their policy to handle complaints. Some people told us they had raised concerns in the past and they felt the provider had listened but had not been effective in ensuring the same issues did not arise again.

Communication between the care staff and the office and between the office and people was inconsistent. Some staff had noted that there had been improvements since the new manager had been in place.

People told us they felt safe in the company of the care staff. Action had been taken and risks to people were now assessed, managed and reviewed. People were now protected against the risk of infection. People were protected from the risks of discrimination, abuse and avoidable harm.

People were supported by sufficient skilled and knowledgeable staff who had been safely recruited. Staff completed regular training to keep their knowledge up to date. People's preferences, choices and needs were assessed with them before they began using the service.

Staff knew how to report concerns about people's safety. They understood their responsibilities regarding infection control and used protective personal equipment.
People's needs were assessed, with them, to ensure they received the care and support they needed in the way they preferred.

People were supported to eat a healthily and special diets were prepared when people needed them. They were supported to stay as healthy as possible. Staff helped people arrange appointments with health professionals when required.

People received care and support from regular care staff who knew them well. People told us that staff stayed for the agreed length of time. Some people had concerns about the timeliness of their calls. No-one we spoke with had experienced a missed call.

People were supported to make choices. Staff understood the requirements of the Mental Capacity Act (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.

People said staff were kind and caring and knew them and their preferences well. Staff promoted and maintained people's privacy and dignity. People's preferences and choices for their end of life care were discussed, recorded and reviewed.

People and their loved ones were involved in the planning, management and reviewing of their care. Care plans included information about people's life history and background, people that were important to them and their preferences.

Staff felt supported by the management team and were proud to work at Nurse Plus. There was an open culture where people's views were valued. People, relatives, staff and health professionals were asked to provide feedback to the service. Action was taken to address any areas of concern. Staff worked with health

and social care professionals.

Notifications had been submitted to CQC when they were required. The rating from the previous CQC report was displayed in the office and on the provider's website in line with guidance.

You can see what action we told the provider to take at the back of the full version of the report.

## 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.

People were not consistently protected from the risks of unsafe medicines management.

People's concerns about the timeliness of their calls had not been addressed. Risks to people were assessed, monitored and reviewed to help keep people safe.

People were protected from the risks of abuse, discrimination and avoidable harm. Staff knew how to report concerns about people's safety. They understood their responsibilities regarding infection control and used protective personal equipment.

Safe recruitment processes were followed to make sure staff employed were of good character. There were sufficient skilled and knowledgeable staff to provide people with the care and support they needed.

### Is the service effective?

**Good**

The service was effective.

People's needs were assessed and their preferences discussed before they began to use the service.

People received care and support from trained, knowledgeable staff.

People were supported to have a healthy diet.

People had access to health professionals and were supported to maintain good health. Staff liaised with people's care managers about the support they received.

People were supported to make their own decisions. Staff understood the Mental Capacity Act.

### Is the service caring?

**Good**

The service was caring.

People were treated with kindness and respect and that staff knew them well.

Staff promoted and maintained people's dignity.

People were supported to remain as independent as possible.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

People knew how to complain. People felt they were listened to but that issues had arisen again.

People were involved in planning their care with staff. Care and support was planned around people's preferences. People's choices about their end of life care were discussed, recorded and reviewed.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Checks on the service were completed but action was not consistently taken in a timely manner to drive improvements.

Staff were proud to work at Nurse Plus and felt supported, understood their roles and were positive about the leadership of the service. There was an open and transparent culture.

People, their relatives, staff and health professionals shared their views and experiences of the service and these were acted on. Staff worked with health and social care professionals.

# Nurse Plus and Carer Plus (UK) Limited - Ashford

**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 checked 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 06 and 07 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit so we could arrange to visit people in their own homes. Inspection site visit activity started on 06 November and ended on 07 November 2017. It included visiting people in their own homes and speaking to people and their relatives by telephone. We visited the office location on both days to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using this type of care service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Before the inspection we sent surveys to people, relatives, professionals who had involvement with the service and staff. We received feedback from 20 people, two relatives, one health professional and 25 staff.

During the inspection we reviewed people's records and a variety of documents. These included ten people's care plans and risk assessments, three staff recruitment files, staff training, supervision and appraisal records, visit and rota schedules, medicine and quality assurance records.

We spoke with 16 people and seven relatives by telephone and visited five people in their own homes. We also spoke with 13 staff, the quality assurance advisor and the nursing and clinical compliance director.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe in the company of their care staff. People said they trusted the care staff and felt comfortable having them in their homes. They said, "Oh yes, I feel safe. I know them and I know what they are going to do", "I do feel safe. Their visits are the highlight of my day" and "Yes, I certainly feel safe. The way they conduct themselves, and the conversations we have make me feel safe". Relatives commented, "Yes, [my loved one] feels safe when the carer is here. They know they have help" and "[My loved one] feels safe. They like them [carers] to come. They feel very jolly because they have someone to talk to".

At the last inspection in December 2016 the provider failed to ensure people's medicines were managed safely. Records of peoples' medicines were not consistently completed and there was a lack of guidance for staff when people needed prescribed creams to keep their skin healthy and for when people needed medicines only now and again. We asked the provider to take action. At this inspection some improvements had been made, however we found a number of shortfalls in the recording of medicines administration.

People told us that staff supported them to take their medicines on time and safely. A relative commented, "I have seen the carer administer the medicines. It works well. They always make sure [my loved one] has taken their pills"

People's medicines administration records (MAR) were not consistently completed by staff. There were times when staff had not signed the MAR to indicate the person had taken their medicines; however, when we checked the daily notes these recorded those medicines had been administered correctly. The management team had recognised shortfalls around the recording of people's medicines management and an action plan had been developed and implemented. A field supervisor had recently been employed to concentrate on the management of medicines and they had begun to implement changes. The field supervisor told us they had completed audits of people's medicines and had identified concerns, such as staff not signing the MAR. Action was being taken to address these, including care staff attending a medicines workshop. A new system to guide staff on the application of prescribed creams had been implemented. This included a body map to show where the cream should be applied. Staff had guidance to follow when people needed there medicines, such as pain relief, on a 'when required' basis. This included what the medicine was for, what the dosage should be, how often the dose could be repeated and what the expected outcome should be following the administration of the medicines.

There was detailed guidance for staff, with a step by step process on how to administer transdermal patch medicines. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. However, this was not followed consistently. For example, one person's care plan, dated 27 July 2017, noted they needed their medicines patch changing every morning and prompted staff to remove the patch and check a chart to see where the next one needed to be placed. Staff had not consistently completed the 'transdermal patch application record' to note when they removed and applied patches. Between 07 August and 08 September 2017 there were five occasions

where records showed the patch had not been changed correctly and had been changed after two days instead of one. Some dates had been left blank. We checked the person's medicines administration record and their daily notes and found these were inconsistent with the information recorded on the 'transdermal patch application record'. There was a risk the person was not receiving their medicines as prescribed.

Staff told us they completed regular medicines management training and that senior staff completed competency assessments with them to make sure they remained competent and confident to support people with their medicines.

There was a variation in people's views regarding the timeliness of their calls. 75% of people who responded to the Care Quality Commission (CQC) survey stated that their care and support workers arrived on time. People told us, "They are reasonably on time", "More or less on time" and "They are spot on time most of the time". Relatives commented, "They turn up on time most of the time" and "Yes, they are on time". However, one person said, "Timing is not great. It is not the carer's fault. They don't get enough travel time between visits" and a relative told us, "They are nearly always late. Occasionally very late".

Staff told us that travel time was allocated between calls and their schedules were arranged geographically to reduce the travel time between calls. When staff were going to be late people were not always kept up to date or notified. Three people told us they sometimes found it difficult to get through to the office by telephone to report that their carer was late and one person said they had tried to ring but received no answer. On the day of the inspection one person we visited told us their call had been an hour late. They said they had not been informed by the office. We discussed this with the care co-ordinators and they explained that a member of staff had called in sick so calls were re-allocated. They confirmed that they had not contacted the person to apologise or explain, however they contacted them following our discussion. The nursing and clinical compliance director told us this was a known area for improvement. Analysis from the provider's survey in September 2017 had noted that 64% of those who responded felt the communication was excellent or good and 25% felt it was average. The service improvement action plan for the Ashford branch and communication between people and office staff had been identified as a shortfall. The action plan noted, 'All service users must be contacted in the case of a worker being late or not being able to carry out a call'. Staff had not followed this guidance. A customer service training course, to help improve client and staff engagement, was in the process of being booked.

The provider failed to ensure there was proper and safe management of medicines and failed to ensure care and treatment was provided in a safe way. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the previous inspection risks to people had been assessed however actions to reduce the risks had not been consistently recorded. We told the provider to take action. Improvements had been made. The breach found at the last inspection had been met.

Risk to people were assessed, managed and reviewed. Risk assessments provided staff with guidance on how to minimise risk, for example by using the correct equipment to support people to move. Staff had completed additional training about how to assess and manage risks. They told us they felt confident moving people and that the care plans and risk assessments provided to them had sufficient guidance to support people to move safely. Risk assessments were carried out to identify people's needs and abilities and the level of support and / or specialist equipment needed. There was guidance in health risk assessments to support staff to recognise any signs or symptoms of deterioration. For example, when a person was living with diabetes staff told us they would be concerned if the person was perspiring or if they were excessively thirsty. This was reflected in the person's health risk assessment.

Environmental risks were assessed, for example, street lighting, entering and exiting people's homes, poor weather conditions and lone working. Equipment, such as hoists and slings, was checked before staff used it and regularly serviced to ensure it was safe to use. People told us that staff supported them to move safely and that their equipment was serviced annually.

At the last inspection people were not protected against the risk of infection and staff did not always use gloves and aprons when providing people's personal care. We told the provider to take action. At this inspection improvements had been made and the breach in regulation had been met.

People told us that staff wore the appropriate protective clothes to prevent and control infection. The results of our survey showed that 19 out of 20 people said that staff used hand gels, gloves and aprons as required. Staff told us they understood their responsibilities in relation to hygiene and infection control. Records showed that staff had completed training on this topic to make sure they were up to date with best practice. Infection control was discussed during staff meetings and spot checks on staff were completed, by senior staff, to make sure the right personal protective equipment was used.

People were protected from the risks of abuse, discrimination and avoidable harm. All the people and relatives who responded to our survey felt protected from harm and abuse. 25 staff responded to our survey and all stated they knew what to do if they suspected abuse. Staff we spoke with told us they would not hesitate to report any concerns and felt that they would be listened to and that action would be taken. Staff were aware they could take their concerns outside the organisation, for example to the local safeguarding authority. Staff told us about times they had reported concerns and what action had been taken. When concerns had been raised these were reported in line with guidance to the relevant authorities. A monthly report was co-ordinated by staff at the provider's head office to keep an overview of any safeguarding concerns across all the branches of Nurse Plus and Carer Plus.

Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people in the community. Information had been requested about staff's employment history and any gaps in employment were discussed and recorded during an interview. Two references were obtained, including the last employer, and a proof of identity was held on staff files. Disclosure and Barring Service (DBS) criminal record checks were completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files were organised and included equal opportunities monitoring and health checks to make sure staff were fit to perform their role. The provider's disciplinary process was followed and records of these were stored securely to protect confidentiality.

There were sufficient staff employed to provide people with the care and support they needed. The provider was currently recruiting for additional staff. Wherever possible people received their care and support from regular staff.

Good

# Is the service effective?

## Our findings

People said they were satisfied with the care and support they received. They felt their quality of life had improved since they had received care and support in their own home. They told us they thought the staff were knowledgeable. Relatives commented, "They complete all the tasks. I would rate them 9/10", "My carer is very well organised. Timekeeping is brilliant" and "Yes, I think that they are well trained. They do pretty well what [our loved one] wants".

Before people began to use the service they met with a senior member of staff to discuss their needs and preferences. People's preferences, choices and needs were assessed using a holistic approach, considering people's physical, emotional, mental and spiritual needs. Assessments, such as communication, continence, skin integrity, sleep patterns and emotional support had been completed with people and was included in their care plan. These were regularly reviewed with people to check for any changes in people's needs.

People received effective care and support from staff who were trained in their roles. People told us they felt the staff were well trained and had the skills and knowledge to provide them with the care and support they needed. Staff told us they completed an induction when they started working at the service and shadowed experienced staff to get to know people, their routines and their preferences. The induction was signed off, by the registered manager, as staff were assessed as being competent and having the skills to carry out their role. Staff told us they completed regular training and that it helped them carry out their roles effectively. They said they felt able to request additional training and that this was arranged when required. Training in topics, such as first aid awareness, basic life support, food hygiene, end of life care and personal care were completed. Additional training in long term medical conditions, for example dementia, was provided to enhance staff skills and knowledge. Staff told us they were encouraged and enabled to obtain qualifications in adult social care. Staff told us they received good and effective support from the management team. Staff had an annual appraisal and met regularly with senior staff for one to one supervision meetings.

People told us they were asked, when they first started using the service, what support they needed with their meals. Some people needed no support and for others, staff prepared their meals for them. People told us that staff left them drinks and snacks, within their reach, for them when they left. Care plans noted guidance for staff on what level of support was needed for each person to help them maintain a healthy diet. When people were at risk of not eating or drinking enough staff completed food and fluid charts so that this could be monitored. Special diets, such as diabetic or soft foods, were prepared.

At the previous inspection people were not receiving care and support from a regular staff team. This had improved. People had been asked in the CQC survey 'Do you receive support from familiar, consistent care and support worker?' 90% of people stated they did. Staff told us they supported the same people regularly unless they were covering in a colleague's absence. Senior staff monitored the consistency of staff using their internal systems and people's feedback to establish if there where particular geographical areas where this was an issue. People and their relatives told us they had regular care staff and that they not had any occasions where their call had been missed. Any missed calls were monitored by the registered manager.

There was guidance for staff to follow if people did not respond when they called at their home. Staff did not leave the premises until the person was located and found to be safe.

We asked people if their care staff stayed for the agreed amount of time and they said, "Absolutely always. They write the time of arrival and departure in the book", "Yes, in fact sometimes they stay for more than the allotted time" and "Yes, they always stay for the agreed time. They don't leave until they know it is safe to do so". Staff told us they had enough time to spend with people and did not feel rushed. One member of staff said, "I like it when I've got some time left at the end when I've done everything that I need to where I can just sit and talk to people. Sometimes I think that is just as important as the care I'm giving them".

Staff supported people to maintain good health. People told us that they were involved in their healthcare and that staff supported them to have as much choice and control as possible. People said the staff helped them to make appointments with health professionals when they needed it. One person commented, "My carer orders my prescriptions and gets the district nurse to visit". When needed, people were referred to healthcare professionals, such as dieticians or occupational therapists, for advice or assessments. When guidance had been given this was followed by staff. Staff liaised with people's care managers and arranged reviews with them to discuss their care packages. People's care plans included information about any support or specialist equipment they needed and about health conditions, such as epilepsy and Chronic Obstructive Pulmonary Disease (COPD). COPD is an umbrella term used to describe progressive lung diseases including emphysema, chronic bronchitis, refractory (non-reversible) asthma, and some forms of bronchiectasis. Guidance was available for staff about what signs and symptoms to look for and what action to take regarding certain medical conditions. Changes to people's health were recorded.

Staff had completed training and had an understanding of the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other health care professionals. In domiciliary care people who may need restrictions in relation to their care and treatment are safeguarded by decisions made through the Court of Protection. At the time of this inspection no one was subject to an order of the Court of Protection.

Staff assessed people's mental capacity and ability to make decisions, including consent to care. A record was kept when people had a power of attorney or an advocate to support them to make decisions. One person's file showed they had specifically requested their relative was involved in all decisions about their care and staff had followed this request. People told us that staff listened to them and respected their wishes. One person told us, "They [staff] always ask permission before helping me" and a relative commented, "They always explain things to [my loved one] and make sure they understand".

Good

# Is the service caring?

## Our findings

People told us the staff knew them well. They said they were kind, caring and respectful. Their comments included, "They are kind and compassionate. I have a lovely rapport with them. Overall I am pleased with the carers", "They are all fantastic. They will go shopping for me. They are superb" and "I get on very well with them all. Often have a laugh and a joke with them". A relative said "[My loved one] is very happy with carers".

At the previous inspection the provider had failed to ensure people were treated with dignity and respect. We told the provider to take action. At this inspection improvements had been made and the breach in regulation had been met.

People who responded to our survey noted that they were treated with dignity and respect and that they felt listened to. One person commented, "It is good to know that you've got someone who will listen to you and support you". Staff understood it was their responsibility to ensure confidential information was treated appropriately to retain people's trust and confidence. They told us how they made sure people's privacy and dignity were promoted and maintained, for example closing curtains during personal care and covering people with a towel as they supported them to wash. People said, "The carers always close the curtains" and I am treated with dignity and they [staff] definitely respect my privacy. I never feel uncomfortable with any of them". Some staff were dignity champions and others were dementia friends. Signing staff up as a dementia friend is a national government funded initiative to improve the general public's understanding of dementia. The dignity in care campaign was launched in November 2006 and aims to put dignity and respect at the heart of care services. Dignity champions are staff that believe passionately that being treated with dignity is a basic human right and not an optional extra. People told us that staff never discussed other people with them and that their confidentiality was respected.

People said that staff knew them and their preferences well. Staff told us how they promoted people's equality and diversity. Staff spoke about their training on promoting equality. They told us how they were able to put what they learnt into practice. One member of staff said, "It is about remaining respectful, understanding and listening to individuals". Staff completed workbooks and were asked to reflect on how they could promote equality and inclusion into their role. For example, one question staff were asked was 'Describe the importance of valuing people and how it contributes to active participation'. A member of staff noted, 'Allowing them to help themselves, encouragement and coaching. By doing this you will be valuing them. Ensure you are including them. Value what they are able to do. This will result in active participation'. No-one we spoke with felt they had been treated unfairly on grounds of race or religion. A relative commented, "Staff are very responsive. They are very understanding about cultural issues".

People said that staff were kind, compassionate and caring. They spoke positively about the relationships they had built with their regular care staff. People felt their independence was encouraged to the fullest extent possible and that they were well supported by staff. Staff spoke passionately about their work and the people they supported. They told us they felt proud of the care they delivered and that they enjoyed their jobs and working at Nurse Plus. Their comments included, "I really like to feel like I've made a

difference to someone's day" and "I really do care about these people and want to leave their home knowing that they've been well looked after". Spot checks were carried out by care co-ordinators at people's homes to check they were happy with the care and support they received and to gain had any feedback on the care staff who supported them. Records of these were positive and noted that people liked the care staff who supported them.

People told us they were involved in the planning, management and reviewing of their own care. Some people chose to have their relatives involved in making these decisions. Staff told us that when people needed support from an advocate that this was arranged. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. People were signposted to other organisations who may be able to provide additional support and guidance, for example arranging for people to have fire safety checks conducted in their homes.

People were aware of their care plans and the contents. They told us that staff reviewed them with them to make sure there were no changes needed in their support package. Care plans included information about people's life history and background, people that were important to them and their preferences. This included people's preference of how they would like to be addressed by staff. For example, one person preferred to be called a particular name rather than their official first name. This was clearly recorded so that staff were able to call the person by their chosen name. Their official name was also recorded so that it could be used for any medical referrals.

Requires Improvement

# Is the service responsive?

## Our findings

People told us that the staff knew them well, that they were listened to and that their needs were met. One person said, "They [staff] take into account my preferences. They are really good" and a relative commented, "If a carer is unsure about [my loved one's] wishes they will always consult me".

People told us they knew how to complain and felt comfortable to do so. They said, "If I've got something to say, I say it. I wouldn't hesitate to report anything" and "I have no problem telling them when I'm not happy, I'd rather get it sorted straight away". People who responded to our survey noted that they were confident complaining to the care staff however they were less confident that office staff would take action. Some people told us they had raised concerns in the past and they felt the provider had listened but had not been effective in ensuring the same issues did not arise again. This related to people not being told when there was a change to their usual care staff. The nursing and clinical compliance director agreed that this was an area for improvement.

When complaints had been received these were investigated and responded to in line with the provider's complaints policy. When needed action was taken, such as additional training and spot checks. People had a copy of the complaints procedure in their care files in their homes. All the staff we spoke with and those that responded to our survey felt that the management team were approachable, accessible and dealt with concerns effectively.

At the last inspection the provider failed to ensure care plans reflected people's needs and preferences. We told the provider to take action. At this inspection improvements had been made and the breach in regulation had been met.

People told us they were involved in the planning and assessing of their care and that the people they chose to be involved were. People who responded to our survey noted that they felt involved in the decision making about their care. One person commented, "Oh yes, my views are taken care of" and a relative said, "Yes, I was involved in decisions about the equipment in the bathroom". Staff asked people how much help they would like and what they were able to do for themselves so that the right level of support was in place. People showed us their care plans and daily notes that were kept in their home and told us they were able to read them if they wanted to although they hadn't needed to. One person said, "I don't really need to look at the care plan. I just ask the girls if there is something I need to know".

People's care plans noted information for staff about their health needs and any specific medical conditions, any medicines that people required and whether they needed any support to take them. An overview of each person was in their care plan and reflected their preferences, such as how they liked to dress and whether they had any hobbies. This allowed staff to find out about the person they were supporting, as well as what their care and support needs were. Staff told us they found these documents useful as it helped them to make conversation with people when they were getting to know them. Care plans were regularly reviewed with people and updated to reflect any changes.

Practical information, such as how staff should access a person's home, whether they were able to let themselves in using a key safe or if they needed to knock and wait for the person to let them in, whether there was a call system in place for emergencies and who to contact in an emergency were included in the care plans. Step by step guidance, including what people could do for themselves, for staff to follow was provided in people's care plans to make sure that care and support was delivered in the way each person preferred. This included specific details such as what flannel a person preferred and the particular shampoo they liked.

People's choices for their end of life care were discussed with them and their relatives. These were recorded and reviewed to make sure staff could respect and follow their wishes. When needed, staff liaised with the relevant health professionals, such as the hospice team and community nurses. Staff completed end of life training to help them to understand and support people at this time. Staff had a clear process to follow should they find a person had passed away to make sure the person was cared for in a culturally sensitive and dignified way and to ensure the relevant people were contacted. Condolence cards were sent to people's families when they passed away and families were offered support by staff, such as signposting them to organisations who may be able to support them further.

Requires Improvement

# Is the service well-led?

## Our findings

People's views about the management of the service varied. Most people spoke positively and said, "It is very well organised. Overall 10/10" and "They are very efficient. I am very satisfied". However, other comments included, "They are useless and could not organise a party in a balloon factory" and "They are totally inefficient". The provider's survey, completed in September 2017, noted that 95% of people who responded were satisfied with the care and support they received.

At the last inspection the provider had failed to ensure that systems and processes were operated effectively to ensure compliance with requirements and make sure people received a good quality service. We told the provider to take action.

At this inspection some improvements had been made, however there was a continued breach of regulation 12 relating to medicines management and regulation 17 relating to good governance and the shortfalls we found during our inspection had not been acted on, such as people's concerns about the timeliness of their calls.

Communication between the care staff and the office staff and between the office staff and people was inconsistent. People told us they had difficulty in contacting the office staff at times. Staff said when they left messages for the office staff, their calls were not always returned. Analysis of a staff survey conducted in September 2017, identified that there were shortfalls in communication between office staff and carers. This included staff comments that messages were not always relayed and that the office staff were slow to answer the telephones or did not return phone calls. Some staff had noted that there had been improvements since the new manager had been in place. The nursing and clinical compliance director was working with the registered manager to improve communication throughout the staff team. For example, a system had been put in place to ensure office staff spoke with two people each day to complete a 'welfare check' and obtain feedback on the quality of the service, including communication. Also office staff contacted two care staff each day to check they had everything they needed to fulfil their roles.

Quarterly quality audits were completed by the provider's compliance team. Checks included staff records, care plans, complaints and data protection. Five people and five staff were telephoned to obtain feedback and surveys were sent to staff. A report of the findings was written, based on a traffic light system, when the service had not reached green (standard met) action was required. An action plan was developed and implemented to address the shortfalls and make the necessary service improvements. There were timelines for action to be completed. The management team shared the findings from audits with staff and discussed the actions that needed to be taken to drive improvements.

Systems and processes had been not been consistently effective in identifying shortfalls and driving improvements in a timely way to ensure compliance and make sure people received a quality service. People's medicines administration records (MAR) were not consistently completed by staff. There were times when staff had not signed the MAR to indicate the person had taken their medicines. There was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014, safe

care and treatment relating to medicines management.

People told us they had raised concerns in the past and were listened to but the provider had not been effective in ensuring the same issues did not arise again. When staff were going to be late people were not always kept up to date or notified. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014, good governance.

Staff told us they were proud to work at Nurse Plus, that they enjoyed their work and that they felt supported. They had access to all the training, information and equipment they needed to carry out their roles. They said they were able to ask the care co-ordinators if they needed anything or if they thought the people they supported needed anything and they would arrange to visit people and assess this. For example, one member of staff said, "They are so good; I had a situation where someone had become really poorly really quickly. They came out to see them and additional care packages were put in that day. There was no waiting around; they did what needed to be done".

There was an open and transparent culture and staff felt they were asked about the service and their views were taken into account. Staff spoke with each other in a kind and respectful way. Staff meetings were an opportunity for all the staff to get together and discuss issues, concerns and ideas about how to improve the quality of the service. The management team made sure staff received regular supervision and completed the training they needed. Staff competencies were checked through spot checks to make sure they had the skills to perform their roles safely and effectively. The Nurse Plus intranet system had recently been introduced by the provider across the branches to support staff to keep up to date with any changes from the compliance team, messages from departments, news and training resources.

The registered manager was supported to manage staff by the provider's team from head office, including the nursing and clinical compliance director, area manager and compliance team. In the office they were supported by three co-ordinators, four field supervisors and a medicines field supervisor. The co-ordinators worked with care staff in geographical areas. Staff spoke positively about changes that had been implemented since the registered manager had been at the service and felt that the service was more organised.

Staff were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they could raise concerns with the management team and they were confident that action would be taken. Staff who responded to our survey also noted they felt confident about reporting concerns or poor practice to managers.

People, relatives, staff and health professionals had completed questionnaires to provide feedback about the service. The results of these were analysed to check if improvements could be made to the quality of service. An action plan was in the process of being compiled. People told us that senior staff met with them and asked them their views and to make sure they were happy with the service.

The provider had signed up to the Social Care Commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is a Department of Health initiative that has been developed by the sector, so it is fit for purpose and makes a real difference to those who sign up. Made up of seven statements, with associated 'I will' tasks that address the minimum standards required when working in care, the commitment aims to both increase public confidence in the care sector and raise workforce quality in adult social care.

The service was a member of the Kent Community Care Association, Contractors Health & Safety Scheme

(CHAS), Recruitment and Employment Confederation (REC). These memberships, the internet and attending managers' meeting within the service and meetings with other stakeholders, such as social services was how the registered manager remained up-to-date with changes and best practice.

The registered manager had a clear understanding of their responsibilities in recording and notifying incidents to the Kent local authority and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The registered manager notified CQC in a timely manner.

Registered providers are required to display the most recent rating of their performance by the CQC conspicuously at the service and on any websites maintained for or by them so people have the information they needed when making a decision about using the service. The performance rating from the previous CQC inspection was displayed in the office and on the provider's website.

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<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider failed to ensure there was proper and safe management of medicines and failed to ensure care and treatment was provided in a safe way. |

| Regulated activity | Regulation |
|---|---|
| Personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems and processes had been not been consistently effective in identifying shortfalls and driving improvements in a timely way to ensure compliance and make sure people received a quality service. |