

Nurse Plus and Carer Plus (UK) Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Nurse Plus and Carer Plus (UK) Limited is registered to provide personal care and nursing care to people living in the community. At the time of this inspection nursing care was not being provided to people in their own homes. The service provides help with people's personal and social care needs in the Truro and Falmouth area.

The service provides care and support for people of all ages, in visits at key times of the day to help people get up in the morning, go to bed at night and provide support with personal care, domestic tasks and meals. This includes supporting people with physical disabilities, mental health needs, learning disabilities and dementia care needs.

At the time of our inspection 29 people were receiving a service. These services were funded either privately, through Cornwall Council or NHS funding.

There was a registered manager in post. 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.

We carried out this announced inspection on 24 August 2016. We told the registered manager two days before that we would be coming. This is in line with our current methodology for inspecting domiciliary care services. The service was last inspected in January 2014 and was found to be meeting the regulations at that time.

People we spoke with told us they felt safe using the service and told us, "Marvellous service" and "Excellent staff."

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The service was flexible and responded to people's changing needs.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "They have never missed me and the visits are at the times I want" and "I am very pleased with the staff, I have no concerns at all."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff told us there was good communication with the management of the service. Staff said of management, "They (management) are very supportive, you just call the office and something gets done" and "We have regular supervision and meetings it good, I love it here."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Where the provider had identified areas that required improvement, actions had been promptly taken to improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. People who used the service and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care

and support which was very responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

Staff were supported by the management team.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 24 August 2016. The inspection was carried out by one adult social care inspector. We told the service two days before that we would be coming. This was in line with our current methodology for inspecting domiciliary care agencies.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection visit we went to the provider's office and spoke with the registered manager and two care co-ordinators. We looked at five records relating to the care of individuals, five staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. We visited three people in their own homes.

Prior to the inspection visit we spoke with nine people who received a service and their families.

Following the inspection we spoke with three staff on the telephone.

Is the service safe?

Our findings

People and their families told us they felt Nurse Plus and Carer Plus was a safe service. Comments included; "Marvellous service" and "Excellent staff."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. The policies held by the service had been updated to include recent changes to the local procedures. Staff had received annual training updates on safeguarding of adults and were aware of how to report any concerns they may have both inside and outside of the service.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. Staff were always informed of any potential risks prior to them going to someone's home for the first time.

The service provided some care packages at short notice. This meant that it was not always possible for a manager to visit the person's home and complete a risk assessment prior to a care package starting. In these situations a senior care worker carried out the first visit. This enabled them to complete a risk assessment and pass any relevant information to other staff before they visited the person's home.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

There were sufficient numbers of staff available to keep people safe and meet their needs. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. At the time of the inspection the service were recruiting to increase the size of the agency and the number of people it could support.

The service produced a staff rota for each week to record the details of the times people required their visits and what staff were allocated to go to each visit. This rota was prepared a month in advance to enable staff to plan. People using the service were sent copies of the rota so that they knew who was coming to visit them each day. Staff told us they had regular runs of work in specific geographical areas and if travel time was needed this was allocated on their rota.

People told us they had a team of regular staff and their visits were mostly at the agreed times. One relative told us, "They are pretty good at time keeping and always try to contact us if they are going to be late due to traffic, or being held up at the previous visit."

A member of the management team was on call outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness. People had telephone numbers for the service so they could ring at any time should they have a query. People and staff told us phones were always answered, inside and outside of office hours.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

Care records detailed whether people needed assistance with their medicines or the arrangements for them to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the safe management of medicines.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "They (staff) have never missed me and the visits are at the times I want" and "I am very pleased with the staff, I have no concerns at all. They always provide me with choices."

Staff completed a four day induction when they commenced employment. The service's induction programme was in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. The induction included training identified as necessary for the service, and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. For example, staff had attended training in the care of Parkinsons disease to meet the needs of people who used the service. The registered manager had a system in place to help ensure staff received relevant training and refresher training was kept up to date.

There was a training room in the same premises as the office which had appropriate equipment to deliver training such as manual handling and first aid. This enabled the service to be responsive to staff training needs and arrange training at short notice or individual training for staff if needed. If more specialist training was needed this was sourced from appropriate healthcare professionals. One member of staff told us, "The training is very regular, we have books sent out to us to complete and we are checked on to ensure we have done it." Staff received regular supervision and appraisals from managers. This gave staff an opportunity to discuss their performance and identify any further training they required.

Some people who used the service made their own healthcare appointments and their health needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Care staff worked closely with other agencies to meet people's needs.

Staff supported some people at mealtimes to have food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. For most people food had been prepared in advance and staff re-heated meals and made simple snacks as requested.

People told us that staff asked for their consent before delivering care or treatment and their choices and wishes were respected. Care records showed that people signed to give their consent to the care and support provided.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights

protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack mental capacity to make particular decisions for themselves. Care records showed the service recorded whether people had the capacity to make decisions about their care. The service had a clear policy which informed staff that if they felt a person was experiencing a potential deprivation of their liberty and was being restricted, they could refer to the Court of Protection for authorisation.

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were happy with all of the staff and got on well with them. People told us, "No problems at all" and "I really like my carers they are very kind to me."

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. Staff were kind and caring and had a good knowledge and understanding of people. Staff had regular visits to the same people, which meant they knew people and their needs well. Staff spoke with passion and enthusiasm about their work. They told us, "I love it, it's a good service to work for" and "I have my regulars and we get to know them and their families really well. It's like being part of their family."

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to move around their home staff ensured they had everything they needed within reach before they left. For example, drinks, telephones and alarms to call for assistance in an emergency. One person had previously fallen at home and been unable to call for assistance as they could not reach the phone. Following a stay in hospital the service helped the family to obtain a lifeline alarm which the person now wore. This meant the person would always be able to call for assistance if they should need it.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the unpaid carer was vital in helping people to continue to be cared for in their own home. One relative told us, "They help me to have a break and are always concerned about me."

People knew about their care plans and a manager regularly asked about their care and support needs so their care plan could be updated as needs changed. One relative told us, "We have been shown (the person's name) care plan and we have discussed it." Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Is the service responsive?

Our findings

The service had received positive feedback from people who used the service. Comments included, "I am able to direct the carers with my needs and requirements, they instill confidence in me" and "I cannot fault them, wonderful."

The service supported people's needs in a responsive way that often went beyond the person's assessed personal care needs. Relatives told us the care staff supported the families needs as well as the person's. Night care was provided to one person, to enable the family carers to have a good nights sleep. Management told us they had been concerned that one person had become socially isolated so they referred the person to a local agency who provided a befriender to accompany the person out in the community. This person was now enjoying a broader social life. Two young people had been supported, by the staff at the service, to take up voluntary jobs with local businesses to improve their quality of life and take part in activities that interested them. For example, one person enjoyed gardening so the service supported them to gain a voluntary position at a nearby garden centre. The service had identified that some people needed to have their feet cared for by a podiatrist, but were not always able to pay for this care. The service had arranged for them to attend a local free podiatry service.

The registered manager told us of the care provided by some staff, often unpaid and in their own time, to one person whose partner was seriously ill at home. The staff took it in turns to sit with the partner to support them, even staying on after a night shift until someone arrived to take over.

Another person who used the service had become unable to continue to prepare their own meals. The care staff worked with the person to resolve this issue and an agreement was reached for the staff to support them to order pre prepared meals delivered to their home. Staff told us, "They (the person) enjoy choosing and ordering the meals and get really excited when each delivery arrives. They are enjoying them."

Before, or as soon as possible after, people started using the service the manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, who was asked for their agreement on how they would like their care and support to be provided. Families were also involved in this process where appropriate and with the person's consent.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual visit they received. This meant staff could read the section of people's care plans that related to the visit they were completing. People's care plans also included information about their hobbies and interests and their life histories. This gave staff useful information about people backgrounds and interests to help them understand the individual's current care needs. People had signed their care plans in agreement with the contents.

Care plans contained specific information and best practice guidance for staff on specific conditions. For example, mental health conditions and high blood pressure. This meant that staff were supported to provide the best care for people.

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

We visited people in their own homes and saw care staff providing emotional and physical support to people. This was provided with happy conversation and a sense of humour. One person enjoyed reading a great deal and the carer had bought a book for them to read which they thought they would enjoy. The staff member said to the person, "Let me know what you think of it when I see you at the next visit we can have a chat about it."

Staff explained that if a person was not feeling well they always reported this information to the service managers. Staff told us they were able to request additional time to meet people's increased needs and that when this was necessary managers would contact their other customers to inform them of any delay. This demonstrated that the person's needs came first.

The service was flexible and responded to people's needs. The service was able to adapt a person's visits to meet their needs. For example, if a person became unwell and required more support for a while this would be provided.

People said they would not hesitate in speaking with staff if they had any concerns. Details of how to make a complaint were in the service users pack in people's homes. People knew how to make a formal complaint if they needed to but told us issues would usually be resolved informally. However, the service's complaints policy did not provide the contact details for the local authority, the ombudsman and the Care Quality Commission should people wish to contact these agencies. The registered manager assured us this information would be added to the policy immediately.

The service monitored the carers visits to people's homes. Daily notes were completed by care staff and contained details of the care provided and how the person was feeling along with any support that had been provided with their prescribed medicines. These were returned to the office for checking and auditing. This helped ensure people always received their visits as planned and that care staff stayed at the visit for the agreed amount of time.

If visits were missed the service recorded these as complaints, detailing the investigation that took place and what action had been taken to prevent a re-occurrence. People told us, "I have never been missed, they are very good" and "If they are delayed they always ring and let me know."

Is the service well-led?

Our findings

People told us of the consistent high standards of care and support they received from Nurse Plus and Carer Plus. Comments included, "They (care staff) go the extra mile" and "The management team are very helpful and responsive when I call, very efficient."

Relatives were positive about the support their family member received as well as the support they received. One family member told us, "They are very considerate. I found a carer waiting outside in their car one day, as they were early. They said they did not want to disturb us too early. It was fine, I told them to come in. It's nice they consider us." Relatives told us they could always speak with the registered manager or the care co-ordinators and felt they were listened to.

Nurse Plus and Carer Plus had clear values and a vision for the service provided. The registered manager told us they provided person centred care focusing on meeting each person's specific individual needs. The management team regularly visited people in their own homes to discuss their views and experiences of the service provided to them. This supported the review of the person's care plan. Spot checks were also carried out regularly, when management would join a carer at a visit to observe them at work. Surveys were sent out to people that specifically asked the person about their carers and how they carried out their tasks. This was then fed back to the carers at individual supervision sessions.

Staff told us they felt very supported by the management team and would always have positive comments made by people who used the service, passed on to them. Staff told us, "It's nice when you are appreciated" and "It's a great service to work for." Staff told us there was good communication with the management of the service. Staff meetings were held regularly. Staff told us they felt they were listened to and that the meetings were helpful.

Where the provider had identified areas that required improvement actions had been taken promptly to improve the quality of the service provided. For example, the service had taken note of what people told them in a recent survey and ensured that as far as possible people had the same carers at each visit, where possible.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the day to day running of the service. The registered manager was supported by two care co-ordinators within the service and received good support from business support and area managers.

The service had effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. The service specifically matched staff to people to help ensure their needs were met in the best way. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs. At the time of the inspection the service had staff vacancies and were actively recruiting to enable the service to grow.

