

# Nurse Plus and Carer Plus (UK) Limited

## Nurse Plus and Carer Plus (UK) Limited - Unit 10 William James House

### 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 - Unit 10 William James House is registered to provide personal care and nursing care who live in their own homes. At the time of this inspection nursing care was not being provided to people in their own homes. There were 25 people receiving personal care from the service. There were 13 care staff employed providing personal care to people in their own homes.

At the time of our inspection a registered manager was not in place. However, a manager had been appointed and they had submitted an application to be registered. A registered manager is a person who has registered with the Care Quality Commission (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.

People were supported safely as staff were knowledgeable about reporting any incidents of harm. There were a sufficient number of staff to provide care and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce these risks such as assisting people with their medicine and when supporting people when accessing the community. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. People's rights to make decisions about their care were respected. Staff were acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

People were supported to access a range of health care professionals and they were provided with opportunities to increase their levels of independence. Health assessments were in place to ensure that people were supported to maintain their health and wellbeing.

A staff training and programme was in place and procedures were in place to review the standard of staff members' work performance. Staff were supported and trained to do their job.

Staff supported people with their individual nutritional and dietary requirements and meal planning.

People's privacy and dignity were respected and their care and support was provided in a caring, dignified and patient way.

People's preferences and interests had been identified and they were supported with their daily routines.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care 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.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Effective recruitment procedures and staffing levels ensured care was provided to meet people's needs safely.

People were supported with their prescribed medicines

### Is the service effective?

Good ●

The service was effective.

People's rights and decision making processes had been protected in a lawful way.

Staff were supported to do their job and a training programme was in place.

People were supported with their health and nutritional needs

### Is the service caring?

Good ●

The service was caring.

People received care and support by attentive staff.

People's rights to privacy, dignity and independence were valued.

Staff knew people well and assisted them with their preferred routines.

### Is the service responsive?

Good ●

The service was responsive.

People were actively involved in reviewing their care needs on a regular basis.

People's care records were detailed and provided staff with sufficient guidance to provide consistent care to each person.

A procedure was in place to respond to people's concerns and complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

Robust procedures were in place to monitor and review the safety and quality of people's care and support.

People who used the service, relatives and staff were involved in the development of the service, as there were arrangements in place to listen to what they had to say.

The service had effective audit and quality assurance procedures in place

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## **Detailed findings**

### Background to this inspection

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

This announced inspection took place on 3 March 2016. The provider was given 48 hours' notice. This was because the location provides a domiciliary care service and the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also looked at information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the service's office, spoke with eight people who used the service and three relatives. We also spoke with the manager, two care coordinators, three care staff, the organisation's compliance and clinical manager, one of the organisation's trainers and a healthcare professional. We looked at five people's care and support plans and records in relation to the management of the service and the management of staff.

# Is the service safe?

## Our findings

People said they felt that staff assisted them safely. One person said, "They [the staff] know me really well and I feel safe when they [staff] help me." Another person said, "They [the staff] are marvellous and I would be lost without them." A relative also said, "The staff are excellent and I feel that [family member] is safely supported with their care."

We saw that risk assessments had been completed and updated regarding people's individual needs. These risk assessments included areas such as communication guidance, nutrition and assisting people when out in the community.

Staff told us that there was good information in place so that they could safely assist people with their assessed needs. Staff said they were aware of and followed the information recorded in people's risk assessments. Staff were also aware of the provider's reporting procedures in relation to accidents and incidents. All accident and incidents were recorded. The manager reviewed all accidents and incidents for any trends to ensure any action required to reduce the risk of reoccurrence was taken. The manager told us that no trends had been identified but that risk assessments would be altered / changed where necessary. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

The staff had access to the contact details of the local safeguarding team and information about keeping people safe was available in the service's office. Staff confirmed that up to date training in keeping people safe had been provided. Training records confirmed this to be the case. Staff demonstrated that they were aware of their safeguarding responsibilities and would not hesitate in reporting any incident or allegation of abuse. Staff also told us that they were confident that if ever they identified or suspected any instances of poor care or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. One staff member said, "We are a close team and if there was any bad practice this would be reported to the manager and I am sure that it would be acted upon on confidentially and without any hesitation or delay."

The manager was aware of their responsibilities in reporting any safeguarding concerns to the local authority. We saw evidence of correspondence to address safeguarding concerns that had been raised and were now satisfactorily resolved.

One person told us that, "The care staff always make sure that I receive my tablets when I need them." The level of assistance that people needed with their medicine was recorded in their support plan. The manager and coordinators regularly audited the medicine administration records his was to ensure records were being safely and accurately maintained. Staff confirmed that medicine administration training sessions were provided and refresher training was given annually. We saw that specific instructions were in place for staff to follow regarding one person's particular medicine. The person confirmed that staff had assisted them correctly with this medicine.

Staff said, and records confirmed, that competency checks had been made by members of the management

staff to ensure that staff safely administered medicine and accurately completed the accompanying records.

Staff only commenced working for the service when all the required recruitment checks had been satisfactorily completed. Records we looked at showed that appropriate checks, including satisfactory Disclosure and Barring Service (DBS) checks and the receipt of references, were provided prior to the person starting work. The manager told us that any gaps in employment were pursued with prospective staff during their interview. This showed us that the provider had only employed staff that were suitable to work with people using the service.

Staff told us that they had received an induction and a detailed staff handbook, which gave clear instructions regarding the expected standards of conduct, care, policies and responsibilities for staff to adhere to and follow. Staff also undertook a number of 'shadow shifts' with more experienced care staff. We saw that these shifts were recorded with comments regarding how the new member of staff had been involved/performed whilst supporting people. This helped ensure that new staff were assessed and deemed competent before confidently providing care to people on their own.

We saw that there were sufficient numbers of staff to meet people's needs. Staff told us that there was sufficient staffing and time given so that they were able to safely and satisfactorily assist people with their care and support needs in their home in an unhurried way.

People we spoke with were satisfied with the amount of support time that they received from staff to meet their needs. We saw that the manager and coordinators monitored staffing levels. Additional staff were rostered, where necessary, when people's needs changed and to also cover periods of staff sickness and holidays. Staff said that they were supported by the on call process (by members of the management team) outside of working hours if any concerns or incidents occurred. Staff also added that members of the management staff had been available to answer any care/support issues and to assist with covering care calls when the need arose.



# Is the service effective?

## Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person said, "The carers are very good and help me with whatever I need." Another person said, "They [care staff] are really cheerful and they make sure everything has been done before they leave." A member of staff said, "I really enjoy my job and all the different things I support people with and every day is different."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The manager and staff confirmed that no one receiving the service was currently subject to any restrictions on their liberty.

The provider had procedures in place in relation to the application of the MCA. The manager and the staff were knowledgeable about these. They understood what they needed to do if people's mental capacity, to make certain decisions about their care, changed.

Staff confirmed that they had received an induction and had completed a range of training before starting their job role. Staff said that they enjoyed and benefited from the variety of training sessions. One member of staff told us that the training regarding dementia had been particularly beneficial in improving their awareness and skills when supporting people. Staff told us that they were supported to gain further qualifications. One member of staff told us that they were completing a diploma in health and social care to extend their skills and knowledge of people and their care needs.

Staff said that they received additional training regarding specific care issues to meet people's needs. Examples included epilepsy and mental health awareness. We also saw that the service was enrolling and supporting new care staff on the newly implemented Care Certificate (a nationally recognised qualification for care staff).

Training was monitored by the management team and manager. Staff confirmed that they were informed of dates when they would need to refresh or update their training.

Staff confirmed that they received regular supervision sessions and told us that they felt well supported by the manager, senior staff and their staff colleagues. Staff also confirmed that they received an annual appraisal to monitor their performance and work practices and identify areas for further training and development.

People's dietary needs were assessed and any associated risks were incorporated into their care plan. One person said, "It's brilliant and I am really happy with the staff who help me with my care and they also prepare meals and drinks for me." People told us they were assisted by staff with the preparation of drinks

and meals where required. Staff told us that people were assisted with healthy eating options and to seek advice from nutritionists and dieticians whenever their dietary needs changed. We saw in one person's care plan that a range of meals had been recorded which the person liked. This helped staff to assist people with their particular meal choices.

Care records showed that people's health care needs were documented and monitored including information from medical appointments. Where necessary, referrals were made to relevant health care professionals if there were any medical/health concerns. People told us that staff had supported and assisted them with their medical appointments where appropriate. One person was being supported by care staff with their physiotherapy exercises. We saw that only staff who had received training from the physiotherapist assisted the person with their exercises. The person receiving this support confirmed this to be the case.

One relative told us that, "I was very thankful when the care staff assisted us to contact a doctor when my [family member] was unwell." We saw a document in people's care plans which gave essential support and healthcare information which accompanied people should they require treatment or a hospital admission.

We spoke with a care manager from the local authority and they were positive about the support being provided by the service. They told us that they had worked closely with the manager and staff and had reviewed and discussed changes and issues regarding the person's care and support. This showed us that people's healthcare needs were supported

# Is the service caring?

## Our findings

People were positive about the care they received and one person said, "The staff are fantastic and kind and assist me to get washed and dressed which is very helpful and they never rush me and assist me at my pace." Another person said, "The staff are brilliant, cheerful and caring and I could not do without them and I look forward to them coming to see me." One relative told us that, "The support my [family member] receives is really very good – the staff are really kind and caring and I have no concerns."

Relatives of people who used the service confirmed that they had been involved in reviews of their family members care and support where appropriate. People told us they were aware of their care plans and had agreed with what was recorded in them. One person said about their care plan, "Yes we did talk about it, my [relative], me and the staff."

Relatives said that communication was very good with staff at the service. One relative said, "I feel really involved [in their family members care] and I am always kept informed of any changes or events by the manager and members of care staff."

We saw that staff spoke with people in a kind and friendly way. People that we spoke with by telephone confirmed that they had a friendly and supportive relationship with staff who cared for them. People said they were encouraged by staff to remain as independent as much as possible. They were encouraged to wash and dress themselves and to remain as mobile as possible. People also told us that staff always preserved their privacy and dignity. One person said, "They [the staff] always treat me with respect and kindness."

People said that assistance was given in a fun and caring way. One person said, "I really look forward to the staff coming to help me and we have laugh and a joke together." A relative said, "Staff have been really excellent and I am really happy with the care [family member] receives."

People told us they felt involved in decisions about their care and their everyday lives. One person said, "[The staff] don't rush me and they help me to choose what I want to wear."

People told us everyday decisions that staff consulted them about included where to take their meals and how they spent their time.

Staff helped to assist and monitor the person's care needs on a daily basis. Daily records showed that people's support needs were monitored and that any significant events that occurred were recorded.

The manager told us that local advocacy services were available to people as required. People were able to advocate on their own behalf or had family members who acted in their best interest. Relatives said that they had regular contact with the service and had been involved in the planning and reviewing of their family members care and support.

## Is the service responsive?

### Our findings

People spoke positively about the care staff and were satisfied with the care and support they received. One person told us, "The carers are good to me and help me with whatever I need." Another person told us that, "The carers are cheerful and they make sure everything has been done before they leave including making my bed and getting me a cup of tea." A relative also said, "They know my [family member] really well and how they want their care to be provided."

The manager and coordinators told us that detailed assessments were carried out prior to commencing support to ensure that the service could meet the individual's needs. Assessments included the person's background, care needs, their likes and dislikes, weekly/daily routines and significant family and professional contacts. The service also received detailed assessments from the local authority.

We saw copies of detailed assessments in a sample of care plans. A healthcare professional was positive about the way that the service tailored the support in a very 'person centred' way to meet people's particular needs. The manager told us that they provided care only where the staff could do this reliably and effectively to ensure people's needs were met. This was confirmed by the healthcare professional who had commissioned care from the service.

People said they were able to choose the staff who provided their support, their preferred time of care and what was important to them, including their preference for a male or female staff member to be provided. People told us that on the majority of occasions their requests were met. One person said, "The staff are very good and arrive on time and they let me know if they are running late." However, two people said that there had been some late calls but this had not had a negative impact on their care needs.

We saw that the care plans and accompanying risk assessments gave staff detailed 'step by step' information to enable them to provide people with individualised care and support. Care and support was provided in a 'person centred' way and ensured individual preferences were recorded in detail. Staff we spoke with confirmed that information in care plans was detailed and useful so that they could deliver the required care and support. Examples included assistance with personal care, social activities, assistance with medicine and preparation of meals. People were supported with daily living routines and one person said, "They go the extra mile and are flexible to my needs." Another person said, "The staff have really helped me and this has improved my confidence and wellbeing"

We saw that the care plans were up to date and had been regularly reviewed and highlighted where care and support needs had changed. Updates in people's support were given to staff via communication books and at handover meetings to ensure they were aware of the most up to date information and any changes that had been made. Staff completed daily notes which described the care and support that had been provided and noted any significant events that had occurred. The daily notes were monitored on a regular basis by the manager to evaluate care practices and identify areas for improvement and development.

Relatives confirmed that they were asked to be involved in reviews, where appropriate and had an

opportunity to comment on the current care and support that their family member was receiving. One relative said "They [management staff] regularly contact me if there are any changes to [family member] care and support needs.

The provider's complaints procedure, including timescales for responding to complaints, was included in people's information pack. One person told us that, "I can always talk to the staff if I ever have any worries and they are very helpful and reassuring."

Relatives we spoke with said that they knew how to raise concerns and that staff were always willing to listen to their views and responded to any concerns they raised. One relative said, "I can always raise any issues and I feel listened to." We saw the complaints log and there was evidence of correspondence in place to resolve the complainant's concerns to their satisfaction.

# Is the service well-led?

## Our findings

People told us that their views were considered at all times. One person said, "The staff are really good and assist me with what I want to do. We get on very well."

People who used the service and their relatives were asked for their views about their care and support and their views were acted on. An example included when the number of care calls were to be increased to meet a person's needs. People expressed their satisfaction with the service and did not raise any concerns about the care and support that was provided to them. One person said, "I can always speak to the staff and they ask me if I am satisfied and help me with any worries I have." One person said, "I get phone calls and visits from [care coordinator] to check that I am happy with everything." Records we saw confirmed this to be the case. This showed us that the service and its staff monitored health and safety and considered opportunities for improvement

There was an open culture within the service and staff told us that they were able to raise any issues or concerns with the management team. Staff told us they enjoyed their work and working for the service. Staff told us that they felt the service was well managed and that they were well supported by the manager, management team and staff colleagues. One member of staff said that, "We work really well as a team and I am kept informed of any changes in people's support."

Staff told us that they received supervision and that coordinators carried out unannounced spot checks to monitor their work performance. We saw records to confirm this to be the case

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. People and staff told us that they had received a survey so that they were able to have their say about the service and the support and services that were provided.

Completed incident forms were reviewed by the manager and the management team. Any actions taken as results of incidents were documented as part of the service's on-going quality monitoring process to reduce the risk of the incident reoccurring. This showed us that the provider had proactive systems in place to monitor the quality of the services being provided.

The office based staff and care staff worked in partnership with other organisations and this was confirmed by comments from a health care professional we spoke with. Comments were positive and they felt that any concerns and issues were dealt with and that communication with the service was responsive and promptly and efficiently dealt with.

The manager and care coordinator staff undertook regular audits of the service which covered people's care and support plans, medicine administration, staff recruitment and training records to ensure that people were receiving an effective and safe service.

We also saw that one of the organisation's operational managers conducted regular service reviews and we saw a copy of a recent report. Any areas for action were highlighted and an agreed action plan was put in

place to deal with any identified concerns or shortfalls. Examples including updates regarding; risk assessments, staff training and policy updates.