

Nurse Plus and Carer Plus (UK) Limited

Nurseplus UK

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

This announced comprehensive inspection took place on 5 and 6 September 2018.

Nurseplus UK is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults. Not everyone using Nurseplus received a regulated activity; CQC 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. At the time of this inspection 45 people were receiving personal care from the service. People who used the service lived in Newton Abbot and the surrounding areas.

The service had a registered manager. The registered manager for the service was also the registered manager of another branch of Nurseplus and was planning to de-register as registered manager of Nurseplus Newton Abbot. A new manager had recently been appointed to manage Nurseplus UK in Newton Abbot. The new manager told us they would be submitting an application to be the registered manager of this service. The new manager took the lead role during the inspection and was supported by the registered manager. 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.

Our last inspection of this service was on the 21 December 2015 and we rated the service good.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were very positive about the care they received from Nurseplus. People were supported in a kind and compassionate manner. They complimented the caring attitudes of staff. One person told us, "Definitely happy, I've been with other care companies for years and with Nurseplus for two years now and I would say they [carers] go over and beyond all the others."

People felt safe when staff supported them in their own homes. Systems were in place for staff to follow which protected people and kept them safe. People were supported by staff who had received training in and understood how to protect them from any harm and abuse. Staff knew how to, and were confident in, reporting any concerns they may have about a person's safety.

People had received an assessment of their needs to ensure they were suitable for the service. Care plans were used to provide guidance to staff on how to safely meet people's needs. However, some care plans lacked person-centred detail. We made a recommendation to the provider about seeking advice and

guidance in developing more person-centred care plans.

Associated risks for staff attending people's homes and for providing care and support to people, were assessed and managed through individual risk assessments. These provided staff with information to help keep both people and themselves safe from avoidable harm with minimal restrictions in place. However, specific risks related to complex health needs were not always in place. We made a recommendation to the provider about this.

Staff had the skills and knowledge to understand and support people's individual needs. These skills were kept up to date through regular training and staff were also supported in their roles from managers and colleagues.

People were supported by staff who were familiar to them. People knew in advance which staff member would attend their care visits which gave them reassurance. Care visits were monitored to make sure staff turned up and stayed for the agreed amount of time. Checks were completed on potential new staff before they started work to make sure they were suitable to support people living in their own homes.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment was supported by staff.

People told us they had seen recent improvements in how the service was run. One person told us, "I find them very good, they are excellent, and they have improved since {new manager's name] has taken over." Another person told us they would definitely recommend Nurseplus to their friends.

The new manager and staff monitored the quality of the service by regularly undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received. Information from feedback and audits were used to aid learning and drive improvement across the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe	Good ●
Is the service effective? The service remains effective	Good ●
Is the service caring? The service remains caring	Good ●
Is the service responsive? The service remains responsive	Good ●
Is the service well-led? The service remains well led	Good ●

Nurseplus UK

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 was 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 comprehensive inspection took place on 5 and 6 September 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was undertaken by one adult social care inspector and an expert by experience who made phone calls to people who used the service, to seek their opinion's and views. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service, including statutory notifications sent to us by the provider about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We also looked at a Provider Information Return (PIR). The PIR is information we require providers to 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. We used this information to plan the inspection.

During the inspection we spoke with 12 people who used the service, including four people in their own homes. We also spoke with two relatives and the friend of one person. We spoke with the registered manager, the new manager, and six staff members.

We looked at six people's care plans and risk assessments. We reviewed three staff personnel files and records relating to recruitment, induction, training and supervision. We looked at people's medication records and audits relating to medication management. We looked at the services' quality assurance systems and audit processes. We looked at health and safety and infection control and how risks were managed.

Is the service safe?

Our findings

All the people we spoke with confirmed they felt safe with the care staff that visited them. One person told us, "I feel comfortable with them. Yes, I do feel safe." Another person said, "I feel safe with them and the truth is if I wanted something they would do it." A relative told us they had peace of mind that their relative was safe with the care staff that visited them. They added, "Yes she is very safe with them."

The provider had systems in place to ensure people were safe and protected from harm and abuse. Policies and procedures were clear and informed staff of how to raise concerns. Staff received safeguarding training and could clearly explain to us the procedure to follow if they suspected abuse. A member of staff said, "I would report any concerns straight away."

Risk assessments were in place to ensure that health care risks and environmental hazards had been identified and strategies implemented, in-order to protect people from harm. These included risks related with people's mobility, administration of medicines and skin integrity. However, specific risks related to complex health needs were not always in place, such as, people living with diabetes or for people at risk of bleeding due to medicines they were taking. We spoke with the manager about this and they immediately responded and implemented these before the inspection report was completed. We found that no incidents had arisen as a result of the lack of risk information for staff to refer to.

We recommend the provider reviews care records to ensure all risks related to people's health care needs have been assessed and plans are in place to mitigate and manage risks.

Staff were aware of the risk assessments and followed the guidance that was in place to reduce any risks. Staff told us risk assessments were accurate and up to date. One member of staff told us changes to people's needs were quickly reassessed and risk assessments and care plans were updated.

Support was planned and delivered in a way that promoted people's safety and welfare. For example, where people needed to use moving and handling equipment, this was available, and staff had received appropriate training. People told us staff knew what they were doing and helped them move safely and with confidence.

Environmental risk assessments were undertaken of people's homes to ensure potential hazards were identified. Staff were expected to report any health and safety concerns they identified when they visited people. This reduced or eliminated the chances of accidents, incidences or near misses. Staff were aware of the reporting process for any accidents or incidents that occurred. Systems were in place to ensure appropriate action would be taken and where necessary, identify where changes would need to be made to reduce the risk of reoccurrence.

Recruitment practices at the service ensured that, as far as possible, only suitable staff were employed. Staff files showed the relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories,

this protected people from the risks associated with employing unsuitable staff.

There were enough staff to meet people's needs and keep them safe. People told us they had the same care staff and they were punctual and stayed for the expected length of time. Some people told us on the odd occasion staff were late, the staff member or the office would call them. No one reported a missed visit and people felt confident that this would not happen. People's comments included, "They're very good and they're on time", "They arrive on time, timings are very important for me" and "It's 30 minutes and that's ample and I never feel rushed." A relative told us staff were very punctual, "You can time them to the minute and they always stay the full time and that's enough time for a wash."

Medicines were appropriately managed and administered. Staff received medicines training and their competence was assessed before assisting people with their medicines. People's care plans contained information about the level and type of assistance people needed to support them to take their medicines safely. For instance, some care plans guided staff to prompt people to take their medicines. One person told us, "The carers will always remind me to take my meds!" Medication records were routinely returned to the office so that managers could check that medicines had been given in line with people's prescription.

People were protected from the risk of infection. The provider had an infection control policy and procedures in place. Staff had received infection control and food hygiene training and were provided with appropriate personal protective equipment (PPE) such as aprons and disposable gloves. People told us staff always wore gloves and aprons, "They put on gloves and aprons straight away, they are absolutely wonderful, and I always feel clean and fresh and comfortable when they leave."

Is the service effective?

Our findings

People we spoke with confirmed they felt staff had the right skills to care for them effectively. People's comments about staff included, "I would say they are well trained", "They are good" and "They do what you want them to do."

Staff new to the service received an induction consisting of a comprehensive training programme tailored to the needs of people using the service and in line with the principles of The Care Certificate. The Care Certificate sets out a standard set of skills as an introduction to the caring profession. Following induction, staff shadowed more experienced staff until they were confident and competent in their role.

Staff received training which enabled them to meet people's needs, choices and preferences. Staff completed training in areas such as, equality and diversity, food hygiene, medicines management, safeguarding and moving and handling to ensure they had the appropriate skills to provide safe care and support to people appropriately and safely. Staff were positive about the training they received and praised the practical elements of their training in particular. One staff member told us, "It's brilliant, off the scale. A very relaxed atmosphere. [Name] is a very good trainer." Another staff member said, "It's the best training I have ever had." Staff told us they could request the training they needed to meet the needs of the people they supported. For example, staff told us some of them had epilepsy training to support people living with epilepsy.

There was a system of staff supervision and appraisal which involved observation of staff working with people. Staff said they felt supported and could ask for advice and guidance when they needed it.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA).

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). Staff said they sought the consent of people when they supported them and had a good awareness of the procedures to follow when people did not have capacity to consent to care and treatment. Where people did not have capacity to consent there were mental capacity assessments. Where decisions were made on behalf of people, there were records to show these were made in line with the MCA as part of a best interests decision with relevant health and social care professionals.

People were supported with their nutritional needs by staff who knew what people's food and drink preferences were. People we spoke with were satisfied with the support they received in this area. We observed staff preparing lunch for one person; the person was offered a choice and confirmed they had enjoyed the food staff had prepared for them.

People's changing needs were monitored to make sure their health needs were responded to promptly.

Staff prompted people to see health care professionals according to their individual needs, such as district nurses and GP's. If people became unwell during their visit, there was appropriate contact made with health professionals to assist and monitor people. One person told us, "When I was ill [staff member's name] was great they stayed with me until the ambulance came. I really appreciated that."

Is the service caring?

Our findings

People expressed their satisfaction with the quality of care and support they received. People were supported in a kind and compassionate manner. They complimented the caring attitudes of staff. One person told us, "Definitely happy, I've been with other care companies for years and with Nurseplus for two years now and I would say they [carers] go over and beyond all the others." Another person said, "They are very caring and kind and they will do anything for you." Relatives also told us how happy they were with the care and support their relatives received from Nurseplus. One relative told us, "Generally they're as good as gold, and there's one whose really good and checks him through the night, she's very good."

Staff talked positively about their work and spoke about people with warmth and affection. One staff member told us, "I love it, you get such pleasure out of making people happy." Another staff member said, "I'm so content with my work, I'm passionate about it. We care that the clients are looked after properly."

When we visited people's homes, we observed staff provided kind and considerate support, appropriate to each person's care and support needs. Staff were friendly, patient and discreet when providing care for people. People told us they felt comfortable with the staff that visited and staff did not rush them. Staff knew people well and cared about whether they were happy or not. One person told us, "They are more than just carers. They really cheer me up. Some days I get really upset and they come in and cuddly me, listen and talk to me and I feel better."

Staff knew how individuals communicated and gave people the time they needed to make choices about their support. Staff supported people to maintain their independence. People told us staff encouraged them to do what they could for themselves. One person told us, "We know each other really well now, and he helps with stuff I can't do." Another person told us, "They don't take over, they help when I need it."

Staff told us they respected people's right to privacy and knew not to talk about people outside of their own home or to discuss other people whilst providing care to others. However, during the inspection one person told us that some staff had talked about other people's care whilst supporting them and this had made them feel uncomfortable. We passed these comments onto the new manager following the inspection who told us they would address this with staff at their next staff meeting. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy.

Staff understood what it meant to promote dignity and respect. Staff gave us practical day-to-day examples such as closing curtains when supporting people with personal care and leaving the room when people were using the commode if safe to do so. Staff understood this was important to people in retaining their dignity and privacy. Staff said they respected peoples wishes and felt the service gave enough time to perform care in a respectful way. One relative told us, "If mum needs the commode they always leave the bathroom so she can be alone for privacy, they're very good."

The provider had a policy on equality and diversity and staff were provided with training to ensure they understood how to protect people's rights and lifestyle choices. The manager and staff said people would

not be discriminated against due to their disability, race, culture or sexuality.

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home, staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records.

Is the service responsive?

Our findings

People and relatives told us staff provided personalised care and support that was responsive to the needs of the people who used the service. One person said "They do everything I ask them to do. They are very helpful."

People were supported to make as many decisions relating to their care and daily living as possible. People told us they were involved in planning their care to meet their needs. People and their relatives, where appropriate, were involved in the assessment of their needs before they began receiving care and support from the service. This was followed by regular care plan reviews in people's homes to check the agreed care arrangements were appropriate. People confirmed that the agency were in contact with them regularly to check they were happy with the service provided and that it continued to meet their needs.

We looked at people's care plans and found their needs had been identified and there were details of how to meet people's needs. However, some care plans lacked person-centred detail; such as, detailed information about the person's life, their interests and their preferences and preferred routines; such as, the way in which their personal hygiene should be undertaken or the name of the toiletries they preferred to use. Staff we spoke with knew people well and were able to explain to us how they met their needs. However, care plans did not always contain the level of detail to ensure any new staff would be fully aware of people's needs, choices, likes and dislikes to ensure they provided person centred care. We discussed this with the new manager and registered manager who told us they would look at how they could make care plans more person centred.

We recommend the provider seek advice and guidance in developing care and support plans that are person centred.

A copy of people's care plans were kept in their homes for them and for staff to reference during their visits. Staff kept detailed daily records of the care and support provided at each visit. This ensured that important information was handed over and enabled staff to keep up-to-date with people's changing needs.

We received a mostly positive response when we asked people and their relatives about the timeliness and flexibility of visits. One person said that on one occasion they needed staff to come at a different time, as they had an appointment, the staff at the office arranged this. One person commented, "They usually come on time. They have never missed a visit."

People were encouraged to give their opinions about the care they received and to raise any concerns or complaints. One person told us, "I do ring them sometimes, and they're good at getting back, I've got no problems with them at all." People and relatives told us they would feel happy to speak directly with the office staff if they had any complaints. We looked at the system in place for monitoring and reviewing complaints and found that complaints had been fully investigated in line with the services' policy. Information about the complaints procedure was provided to people who used the service so they had the information they would need to raise concerns.

People at the end of their lives were supported to have a comfortable and dignified death. People's preferences and choices were discussed with them and their families, where appropriate. Staff told us they had supported people so they could stay in their own homes where this was their wish.

Is the service well-led?

Our findings

People told us they had seen recent improvements in how the service was run. One person told us, "I find them very good, they are excellent, and they have improved since {new manager's name} has taken over." Another person told us they would definitely recommend Nurseplus to their friends.

The service had a registered manager. The registered manager was also the registered manager of another branch of Nurseplus and was planning to de-register as registered manager of this service. A new manager had recently been appointed to manage Nurseplus and they told us they would be submitting an application to be the registered manager of this service. The new manager was supported during this inspection by the registered manager.

The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the appropriate level made decisions about people's care and support. Staff told us they understood their roles and responsibilities and when to escalate any issues or concerns.

The new manager told us their vision for the service was to be the best provider of care for people in the area by providing highly trained caring staff to ensure people experience the highest level of care. The new manager told us they were spending time getting to know the people the service supported and their staff team. Throughout the inspection they demonstrated knowledge about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required.

Staff were positive about the new manager and how the service was run. One staff member told us, "The management is very good now. The new manager will be the making of this service, she is firm but fair." Another staff member told us the management at the service, "Care that our clients are looked after properly." The service inspired staff to provide a quality service and staff spoke about the people they supported in a particularly caring way. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

There were systems in place for monitoring the quality and safety of the service provided. The provider conducted an audit of the service every three months and produced action plans to address any concerns. As well as these audits, the services' quality assurance advisor and management team, carried out a number of regular audits. The audits covered areas such as missed or late visits, complaints, safeguarding, care planning, data protection, staff files and recruitment checks. However, although audits took place, we saw audits had not identified that all risks to people had not been assessed and some care plans lacked person centred detail. We also found information gathered during audit was not analysed to look for trends and themes in order to drive continuous improvement. For example, accidents and incidents were recorded and were regularly reviewed. However, these records had not been collated or analysed. This meant the reviewer would not have been able to identify any themes and take any necessary action to reduce the risk of reoccurrence.

We spoke to the new manager about this during our feedback and they told us they would include this as part of their quality assurance processes in the future. They also sent us completed risk assessments for all people who had risks related to their complex health needs. The new manager told us reviewing people's care records to ensure they were person centred and reflected people's needs, was very much on their agenda as the new manager at the service.

We saw records of unannounced spot checks carried out on staff working at people's homes. The new manager told us they carried out these checks to make sure staff turned up on time, wore their uniforms and identification cards and that they had completed all of the care recorded in people's care plans.

People were encouraged to share their views and were able to speak to the new manager when they needed to. The new manager told us they encouraged feedback from people and their relatives and used this information to improve the quality of care provided. Annual questionnaires were sent out to people, relatives, staff and other representatives who were asked to rate various aspects of the service and action plans were developed to address any issues identified.