Nurse Plus and Carer Plus (UK) Limited

Nurse Plus & Carer Plus UK Ltd

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

Overall summary

Nurse Plus & Carer Plus UK Ltd is registered to provide personal care for people in their own homes. It does not provide nursing care. On the day of our visit the service provided personal care to 12 people with a range of needs including older persons and those living with dementia. People were supported with personal care as well as support such as live- in care, individual care packages and 24 hour care.

The service had a 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 and associated Regulations about how the service is run.

Summary of findings

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 which applies to domiciliary care. Staff were trained in the Mental Capacity Act 2005. The service had policies and procedures regarding the MCA and staff were trained in this.

People, and their relatives, said they felt safe with the staff. There were policies and procedures regarding the safeguarding of adults. Staff were aware of the correct procedures to follow if they considered someone was being neglected or poorly treated.

People received a reliable service from regular staff. There were sufficient numbers of suitably experienced staff employed to meet people's needs. Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

People were supported by staff to take their medicines and this was recorded in their care records. Checks were carried out to ensure staff were competent to administer medicines and that staff were following the correct procedures.

Each person had a care plan which gave guidance to staff on supporting people safely. Risks to people were assessed and recorded. These included environmental assessments for people's homes so staff knew any risks and what they should do to keep people and themselves safe.

There was suitable training, support and induction for staff so they could support people effectively. Staff told us they received an induction which prepared them for their role before they worked alone with people.

People were supported to eat and drink where this was appropriate or requested by people. The service supported people to access healthcare professionals when needed.

People were supported by staff who were kind and caring. People were able to express their views and said they were encouraged to be independent. People said they were treated with dignity and respect.

People said their needs were regularly reviewed and they were contacted on a regular basis to ensure that their current needs were being met. People and their relatives told us staff engaged with people in social activities.

People and their relatives concerns were listened to and acted on. People and their relatives were aware of the service's complaints procedure and said they felt able to raise any issues which were resolved to their satisfaction.

The provider carried out audits and checks that the service was providing safe, effective and reliable care to people. This involved seeking the views of people, their relatives and staff. We identified that the system of monitoring care appointments needed to improve as there was no record of any cancelled appointments which meant it was difficult to check if care was provided as agreed with people.

Summary of findings

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 was safe.

Good

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely.

Is the service effective?
The service was effective.

Good

Staff were trained in a number of relevant areas and received an induction when they started work.

The service had policies and procedures regarding the Mental Capacity Act 2005 and staff were aware of the principles of the legislation.

People were supported with food and drink when this was needed or requested by people.

Health care needs were monitored. Staff liaised with health care services when needed.

Is the service caring?
The service was caring.

Good

People received care from staff who kind, caring and compassionate.

People were consulted about their care, which was personalised to reflect people' choices.

Staff supported people to maintain their independence and promoted people's privacy.

Is the service responsive?
The service was responsive.

Good

People's needs were comprehensively assessed and reviewed. Care plans were individualised and reflected people's preferences. Care needs were reviewed and amended to reflect people's changing needs and where people made specific requests.

The service had a complaints procedure and people knew what to do if they wished to raise a concern. People and their relatives said any concerns they raised were acted on and resolved.

Is the service well-led?
The service was well led.

Good

We noted accurate records were not maintained when people cancelled appointments, which meant it was difficult to monitor that care appointments were being made as agreed with people.

The registered manager, staff and provider sought the views of people and their relatives, as well as staff, as part of its monitoring of the quality of the service.

Summary of findings

Staff were committed to promoting people's rights.

The provider carried out an audit every three months to check on the quality and safety of the service.

Nurse Plus & Carer Plus UK Ltd

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. The 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 17 December 2015 and was announced. We gave the provider 48 hours notice of the inspection because it was a domiciliary care service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

The inspection was carried out by one inspector.

During our inspection we looked at care plans, risk assessments, incident records and medicines records for five people. We looked at training and recruitment records for three members of staff. We also looked at a range of records relating to the management of the service such as staff rotas, complaints, records, quality audits and policies and procedures.

We spoke with three people who received a service from Nurse Plus & Carer Plus UK Ltd to ask them their views of the service they received. We also spoke to three relatives of people who received a service from Nurse Plus & Carer Plus UK Ltd .We also spoke to the registered manager and the regional compliance manager for the provider as well as five members of staff.

We spoke to a community psychiatric nurse who has had contact with the service's staff. This professional agreed for their comments to be included in this report.

This was the first inspection of the service since it was registered on 9 September 2013.

Good

Is the service safe?

Our findings

People and their relatives said staff provided safe care to people. For example, one person said they felt safe with the staff and that staff always responded when they needed help. When we asked a relative if the service provided safe care, the reply was, "Yes. 100% safe. I trust them." Relatives said staff followed safe moving and handling procedures and that staff were attentive in ensuring people were safe. The provider asked people if they felt safe when they received care by the use of comment forms from people. This showed the service was pro- active in ensuring people's safety. One person had responded in the comment form, "Very safe. I feel at no point in danger."

The service had policies and procedures regarding the safeguarding of adults. Staff had a good awareness of the different types of abuse which people may be at risk from and knew what to do so the correcting procedures were followed if they suspected abuse may have occurred. Staff confirmed they received training in the safeguarding of adults which was also included in the induction training they received when they started work. Records showed the registered manager had followed the correct procedures in reporting a concern to the local authority safeguarding team which was raised by the care staff. Records of this incident, and the action taken, was well recorded. Staff told us of the importance of maintaining detailed, accurate and up to date records regarding any safeguarding matters. Staff said people received safe care.

Where people had mobility needs staff used a key safe system to gain access to people in their homes. This was recorded in people's care records. Staff knew the service's procedures for alerting one of their managers if they were unable to gain access to a person. Staff and people confirmed there was access to on-call 24 hour support for any emergencies.

Procedures were in place to safeguard people's finances. Staff described how they followed these when they supported people to purchase shopping on their behalf. This included maintaining accurate records of any transactions and obtaining receipts. Staff were aware of the service's policy that they must not accept gifts of money from people and knew the reasons for this.

Each person's records included risk assessments. These demonstrated the service had considered and assessed possible risks to people and staff. There was guidance for staff to follow to mitigate any risks. These included an environmental risk assessment of the person's home for safety regarding gas, electricity, plumbing, the use of stairs and fire safety. Risk analysis forms had been completed for each person's needs regarding moving and handling, infection control and medicines. Care plans showed the action staff should take to reduce these risks when supporting people.

The service provided sufficient staff to meet people's needs. People and their relatives said staff arrived on time and stayed for the agreed length of time. One relative said staff often stayed longer than the agreed care hours and one person said how staff asked them if they wanted anything else before leaving. Four of the five staff we spoke to said they had enough time to complete the tasks set out in the care plan. One staff member, however, said they did not always have time to complete all the care tasks which resulted in their appointment with the next person being late. This was discussed with the registered manager who said the service checked with people if their care calls were on time and that any adjustments could be made if this was not the case or if staff raised this.

People told us they received a timetable with dates and times of which staff member would be providing care to them. Staff likewise said they were provided with a duty roster. Staff made a record of each visit. We noted there were occasions when care was not provided as set out in one person's care plan. The registered manager said this was due to the person having a flexible arrangement regarding their care and would often cancel care appointments due to social commitments. There was no record of these appointments being cancelled, which would allow the service's management to monitor the arrangements for care and to corroborate the cancelled visits. This was discussed with the registered manager who agreed this would be addressed by recording when people cancelled a visit by a carer.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There was a record of staff being

Good

Is the service safe?

interviewed to assess their suitability for the post. Staff confirmed they were interviewed for their post of care staff and that checks such as references and A DBS were completed before they started work.

People were supported with their medicines. People and their relatives confirmed staff supported people appropriately with their medicines. Staff confirmed they were trained in handling and administering medicines. Four of the five staff said this involved observations of them handling medicines as part of an assessment of their competency to handle and administer medicines. One staff member, however, said they did not have a competency assessment but had received training in medicines procedures. This was discussed with the registered manager and training records showed staff competency in this was assessed.

Staff completed a record when they supported someone to take their medicines. Procedures were recorded so staff knew how to support each person with their medicines. We noted for two people who received medicines on an 'as required' basis that the guidelines for staff to follow in recognising people's symptoms to indicate this was required needed to be in greater detail. This would ensure staff had full and accurate information about when these people needed 'as required' medicine. We discussed this with the registered manager who confirmed this would be addressed so more detailed guidance was recorded for staff to follow.

Good

Is the service effective?

Our findings

People and their relatives said the staff had the right skills and knowledge to support them to ensure their needs were met. For example, one person told us, "I have to say the care is excellent. Nothing is too much trouble for the carer. She is very thorough. She asks me what I want." A relative told us staff were skilled in communicating with people who lived with dementia and in dealing with behaviours which may challenge. A health care professional also said they had observed staff to be skilled in communicating with people who were living with dementia. Another relative said how staff provided care to people in the way people preferred and that staff adhered to the care plans.

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. The provider had policies and procedures regarding the MCA and DoLS. Staff were trained in the MCA and knew the principles of the MCA. Care records showed where people were consulted about their care or where there was a representative to consent to care and treatment on behalf of the person under legislation called a Lasting Power of Attorney (LPA) if people did not have capacity. The service used a pro forma called, 'Ability to Make Decisions,' to assess whether people had capacity to understand any relevant decisions they were making. We saw a completed copy of this assessment for one person. The provider also used an assessment called, 'MCA Form - Day-to-Day decisions,' which detailed the outcome of an assessment of mental capacity. At the time of the inspection this document was not available for us to see but was made available to us after the inspection.

Staff confirmed they received an induction when they started work with the service. This consisted of four to five days training, which included the service's policies and procedures, health and safety, equality and diversity, lone working, nutrition and hydration, food hygiene, dementia care, personal care, first aid, moving and handling and working with aggression. There was also a period of 'shadowing' more experienced staff. Staff told us they considered the induction was sufficient to prepare them for their role. Staff were asked by their line manager if the induction was adequate, and were able to extend the induction if they did not feel adequately skilled to work alone with people.

Staff had access to nationally recognised care qualifications such as the National Vocational Qualification (NVQ) in care and the Diploma in Health and Social Care. The registered manager confirmed five of the 20 care staff were trained to NVQ level 2 or 3. One member of the care staff team and the registered manager were studying NVQ level 5. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

The service checked on staff performance by carrying on 'spot checks' on staff at people's homes which were recorded. There was also a skills competency assessment of staff which included care procedures, moving and handling of people, communicating with people, personalised care and emergency procedures. The checks included checks on the dress and appearance of staff and whether they displayed their name badge. This assessment also included obtaining feedback from people about the skills of staff. People also told us how the service's management telephoned them periodically to ask if staff performance was satisfactory. People and their relatives said the registered manager responded when issues were raised about staff skills or when a change of care staff was requested.

Records showed staff were supervised but not all staff confirmed this. One staff member said they had not received supervision whereas other staff said they had. Another staff member was unclear what constituted supervision. Whilst staff said they felt supported and could ask for advice at any time, the registered manager may need to check that staff received adequate supervision.

People were supported to eat and drink where this was appropriate. Some people were independent and did not need to be supported with this. Other people had meals prepared by staff. People and relatives said this was carried out to a good standard with meals prepared as people preferred. Relatives and people said people were able to choose the food they wanted, and, where needed a weekly menu plan was devised with the involvement of people. The support people needed with food and drink was recorded well and included details to reflect the person's

Good

Is the service effective?

preferences and needs. For example, breakfast routines included what the person preferred, the type of crockery and drinking mugs the person liked to use as well as their likes for food and drink.

Care records included details about health services used by people such as community nurses, physiotherapists and occupational therapists. The registered manager said the staff liaised with relevant health care professionals when needed and records showed these contacts were maintained. For example, details were recorded about any pressure injuries to people's skin due to prolonged immobility and the role of the community nursing team in treating this. Details of people's health care needs were recorded in care plans such as mental health needs.

Good

Is the service caring?

Our findings

People were supported by staff who were kind, compassionate and who treated people with respect. Relatives told us staff treated people well and established good working relationships with people. For example, one relative said, "The staff are absolutely lovely. They have built good relationships with our relative and share jokes and laughter." "A health care professional told us they had observed staff to have a caring attitude, which was reflected in the way they spoke to people. This professional also said staff were skilled in communicating with people who were living with dementia. A relative said staff were skilled in managing people's behaviour in a way which promoted people's dignity. People also said staff supported them appropriately when they asked for help if they were in discomfort.

The service asked people if they were treated with respect and dignity at the regular care reviews. We saw this involved people completing a feedback form about the attitude of care staff. Comments on these feedback forms about staff included the following, 'She is always brilliant and it is always a treat to have her. She is always kind and helpful.' Another person responded to a question, 'Do staff respect your choice and treat you with dignity?' by replying, 'Indeed yes.' This same person also commented on how they were able to get on well with the care staff.

Staff demonstrated a caring attitude. For example, one staff member said, "I'm passionate about the care of the clients," and another said it was important to treat people with patience and understanding. Staff also said they treated people in the same way they would like their relative or themselves to be treated. The service monitored the attitude and performance of staff by carrying out 'spot' checks on staff at people's homes. These included checks of staff abilities in communicating with people and demonstrating person centred values.

People said they were consulted about their care and staff confirmed they asked people how they wanted to be supported. Care plans were personalised to reflect people's choices and preferences, under heading such as 'Knowing Me.' Care records also showed people were supported to maintain their independence, which staff confirmed was important to people. The name the person preferred to be called was recorded so staff could be sure to respect this.

Relatives told us how staff promoted people's privacy when providing care and people's preference for either a male or female care staff member to support them was taken account of.

People had appropriate information from the service. This included contact details for the service and a copy of their care plan. This kept them informed and ensured they knew how to contact the service for advice.

Good

Is the service responsive?

Our findings

People received a personalised service which reflected their changing care needs and their preferences. People and their relatives said they were involved in an assessment of care needs at the initial time of referral to the service. A relative told us how the service was, "really good at organising care quickly." People said they were consulted about their care and that their care needs were reviewed. Relatives and people said their views were sought regarding their care arrangements and changes made when they requested this.

Each person's needs were comprehensively assessed. Records showed that people and their relatives were involved in these assessments. The assessments covered mobility, continence, communication and personal care, such as mouth care and bathing. Care plans were devised to show how these needs should be met. Care plans were personalised to show people's independence and preferences were taken account of. For example, one person's care plan regarding personal care included details about what the person could do themselves and what staff should support the person with. Each person had a record of how care was provided in a daily routine so staff knew the times people needed to be helped as well as procedures for how to enter people's homes.

Staff completed a record each time they supported someone. The times staff arrived and when they left as well as the type of support people received was recorded and these showed care was provided as set out in the care plan. A relative commented on how staff were thorough in monitoring people's welfare and the care they provided.

Staff told us the care plans included the information they needed to provide the right care. Staff also said they were able to raise any issues with their line manager about people's changing care needs and were able to give their views about whether the person's needs were being met and if any changes were needed. One staff member, however, said this was not always the case and when they raised issues about people's care this not acted on by reviewing or updating the person's care plan. The registered manager stated any issues raised by staff regarding people's care were taken account of.

Relatives described how staff engaged with people in social activities such as talking and games. This relative confirmed that a life history had been compiled so staff knew what the person's life experiences were and what they liked.

People's needs were reviewed and where people had more complex needs these had been discussed with the staff team. Relatives and people said how the staff and registered manager carried out checks to see if they were satisfied with the care arrangements and that changes were made in response to any comments made. One person said they asked for a change of care staff which was responded to. A relative described how they raised a concern about staff skill levels, which was looked into and responded to in writing by the registered manager with an action plan of how staff would be trained in the areas raised. The relative said this was resolved to their satisfaction and resulted in a staff team with the right skills to provide support to their relative.

People and their relatives said they knew what to do if they were not happy with the service provided by Nurse Plus & Carer Plus UK Ltd and that they had a copy of the complaints procedure. Relatives said they felt able to raise any issues or concerns they had with the service's management which was then resolved without having to resort to making a formal complaint. People and relatives said their views were sought so any changes could be accommodated, adding that communication between relatives and staff was very good. The registered manager informed us there had been no written complaints made to the service. We saw people and their relatives made comments on the survey forms about issues they felt needed to be addressed. There was a record to show the registered manager acted on these. Plus

Good

Is the service well-led?

Our findings

The provider reviewed the safety and effectiveness of its service by seeking the views of people and their relatives. This was done by asking people if they were satisfied with the arrangements for their care by supplying feedback forms in stamped addressed envelopes so it was easier for people to return them. The provider's head office also sent survey questionnaires to people every three months to ask them for their views on the service they received. People confirmed they were supplied with a survey questionnaire. We saw a sample of the surveys which showed people and their relatives were satisfied with the standard of care. This included reference to punctuality of staff and staff skills.

People and their relatives also told us they had regular contact with the service's management who they described as approachable, listened to their views, met with them to discuss their concerns and made changes where needed.

The views of staff were sought by a staff survey and the results of these were compiled by the provider into a report for the registered manager to see. Staff said they had opportunities to discuss people's needs and to raise any issues about people's care, which were acted on. The registered manager said she operated an 'open door' policy whereby she would listen to staff concerns. Staff said they felt able to approach their line manager. One staff member, however, felt their views were not acted on, which we raised with the registered manager so any action could be taken to ensure all staff views were listened to.

Staff were not able to confirm if they attended regular team meetings and referred to a lack of time to do this and were unclear about any systems for updating them on any changes in procedures. The registered manager, however, maintained records of monthly team meetings as well as details of any updates in procedures by email to staff who did not attend the meetings. Whilst most staff said they worked as a team one staff member described being isolated and said they never met any other care staff.

Staff were aware of their responsibilities and demonstrated they would act to deal with any concerns they had. Systems were in place for the service's management to monitor and assess the performance of staff such as 'spot checks'.

The service did not use a system whereby care staff confirmed when they arrived and left people's homes. Monitoring of the reliability of care appointments relied upon telephone calls by the care coordinator to the person and the review of staff daily records, which were returned to the office once a month. When we discussed this with the registered manager and the care coordinator who arranged and monitored care visits, they agreed a record of people cancelling care appointments would be made so the monitoring of the reliability of care could be more accurately assessed.

The service had a management structure in place for decision making and staff support. There was a registered manager who was supported by a compliance manager and a regional manager. There were two care coordinators at the service location as well as two staff with responsibility for staff recruitment.

A representative of the provider carried out an audit of the service every three months. This included a rating of the service of either red, green or amber. The last audit gave the service a green rating which meant it was meeting the service's own standard. The audit report showed the following was reviewed: staff recruitment, care records, complaints, logbooks, a sample of care files and staff records.