

Nurse Plus and Carer Plus (UK) Limited

Nurse Plus and Carer Plus (UK) Limited - 3a Mey 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

The inspection took place on 20 December and was announced. The inspection continued on 22 December 2016.

Nurse Plus and Carer Plus (UK) Limited - 3a Mey House provided domiciliary health and social care support services and 24 hour care to people in their own homes. The agency provides care and support to a wide range of people including children, people who are elderly, people diagnosed with dementia and people with learning or physical disabilities. At the time of our inspection there were 10 people receiving personal care from the service. There was a central office base which was an open plan shared space where recruitment, care and agency consultants were based with the registered manager.

The service had a registered manager in place. 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.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding adults and protection of children.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they lived their life. Each person had a care file which also included guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, oral suction, nebulisers and pressure area care.

Staff received regular supervisions and annual appraisals which were carried out by the registered manager. We reviewed records which confirmed this.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. People's capacity was assessed when necessary and best interest decisions made as appropriate.

People were supported to eat and drink enough whilst maintaining a healthy diet. Food and fluid intake was recorded for those who were under monitoring for this.

People were supported to access healthcare services as and when required and staff followed GP and

District Nurses advice when supporting people with ongoing care needs.

People told us that staff were caring. During home visits we observed positive interactions between staff and people. People said they felt comfortable with staff supporting them. Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before using the service and care packages reflected people's needs in these. We saw that these were regularly reviewed by the nurses and case managers with people, families and other health and social care professionals.

The service had systems in place to capture and respond to people's feedback. People were asked if they were happy with the support they are receiving and if they would like any changes made during people's regular review meetings. General feedback from the 2016 survey was positive and actions had been completed.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place. Compliments were also recorded by the service.

Staff, people and families told us that they thought the management was good at Nurse Plus and Carer Plus (UK) Limited - 3a Mey House. We found that the registered manager promoted an open working environment and was flexible.

We saw that quality monitoring across the services took place regularly by the registered manager, care consultant and quality assurance advisor. These captured comments and actions were appropriate.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and business continuity plans were in place and up to date.

People were safe because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

Is the service effective?

Good ●

The service was effective. People's choices were respected. Capacity assessments were completed and best interest meetings were recorded by the service. This meant people were at a reduced risk of decisions being made that were not in their best interest.

Staff received comprehensive training to give them the skills to carry out their roles.

Staff worked with external professionals and people were supported to access health care services.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that used person centred approaches to deliver the care and support they provided.

Staff had a good understanding of the people they cared for and supported them in decisions about how they would like to live their lives.

People were supported by staff that promoted independence and respected their privacy and dignity.

Is the service responsive?

The service was responsive. Care files were personalised with guidelines which were up to date and regularly reviewed.

People were supported by staff that recognised and responded to their changing needs.

There were systems in place for people, relatives and stakeholders to feedback to the service.

People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Good ●

Is the service well-led?

The service was well led. Relatives and staff spoke highly about the service.

Effective quality monitoring was in place and improvements acted upon within appropriate timeframes.

The registered manager promoted and encouraged an open working environment.

Competency checks were carried out which drove quality of care within their staff.

Good ●

Nurse Plus and Carer Plus (UK) Limited - 3a Mey House

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 took place on 20 December and was announced. The inspection continued on 22 December 2016. The provider was given 48 hours' notice. This was so that we could be sure the registered manager was available when we visited. The inspection was carried out by a single inspector.

This was the first inspection that the service had had under our new methodology. Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The provider completed a 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 improvements they plan to make.

We discussed the delivery of care with two people who use the service and five family members. We met with the registered manager and three consultants. The consultants were lead staff for recruitment, home care and agency. We spoke with seven staff and the quality lead. We reviewed three people's care files, policies, risk assessments, quality audits and the 2016 quality survey results. We visited three people and family members in their own homes. We looked at four staff files, the recruitment process, staff meeting notes, training, supervision and appraisal records.

Is the service safe?

Our findings

We found that lone working had been discussed in a recent staff meeting and that staff had been issued with personal alarms and torches as part of safe practice. We asked if lone working risk assessments had been completed as part of the local policy. The registered manager told us that these had not been completed but would be by January. This told us that the registered manager acknowledged that there had been an oversight which will be addressed promptly.

A staff member told us, "Risk assessments are completed before we start working with people. We are made aware of these. They may include; environmental or personal care. All assessments are regularly reviewed". We reviewed three people's care files which identified people's individual risks and detailed actions staff needed to follow to ensure risks were managed and people were kept safe. For example we saw that one person was at risk of skin damage and required three hourly repositioning as they had no movement on one side of their body. We saw that repositioning times were logged and records were up to date. We also found that clear guidance was in place for the use of a wheelchair for one person. This included safe transfers from their bed to the chair, sitting positions and what sling and strap colours to use. A staff member said, "We deliver safe care. We are made aware of risks and safety factors". This demonstrated that systems were in place to manage risk whilst delivering safe care and support to people.

People, relatives and staff told us that they felt the service was safe. A person said, "Safe care is delivered to me, the staff are well trained, kind and caring".

A staff member told us, "In my experience we deliver safe care to people. We strive to deliver this". Other staff said that the service was safe because staff were well trained, regular quality checks took place and risks were assessed. A relative told us, "It's a safe service, it's reliable, it's monitored, records are written and we are kept up to date". Another relative told us, "Safe care is always delivered by nurse plus staff".

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. We reviewed the service's local safeguarding adult's policy which was up to date, comprehensive and reflected the six key safeguarding principles introduced by the Care Act 2014. As the service supported children as well as adults there was an up to date safeguarding children and young people policy in place. We also reviewed the providers whistleblowing policy this reflected a clear purpose which was to encourage and promote all employees to raise concerns and detailed a process in which to do this. Staff told us they had access to these.

The provider had a Business Continuity Plan in place. Its aim was to provide a reference tool for staff to follow in response to an emergency or incident that may disrupt normal activities. Checklists were included so that actions taken to manage any emergency situation could be recorded.

We spoke to the home care consultant who had a varied role which included coordinating staff, allocating hours and arranging visits. They told us, "I work hours out through assessment and discussions with the

person and family. I also gather feedback from staff on how long care and support tasks have taken. I put more staff in when necessary. I have called one staff member this morning and informed them that a person is now receiving an extra half an hours support". We reviewed the on line staff allocation tool and found that support hours were covered. We saw that peoples preferred staff could be logged on the system.

The registered manager and recruitment consultant told us that they didnot take on too many new care packages at a time and ensured that there were enough staff in place first. This told us that sufficient numbers of staff to deliver safe care was a priority to nurse plus 3a Mey House. A relative told us, "We have the same carers which is good consistency and I have enough staff for my loved one". A staff member said, "in my experience over the past three years there has been enough staff. I work with four main people so consistency is also good here". A relative told us, "I believe there are enough staff to deliver the support (name) needs. Visits have never been cancelled".

We reviewed four staff files and found that recruitment was carried out safely. Checks were undertaken on staff suitability before they began working at the service. Checks included references, identification, employment history and criminal records checks with the Disclosure and Baring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Where gaps in employment history were apparent on the member of staff's application form, these gaps were explored and documented as part of the recruitment process.

Medicines were stored in people's homes and recorded accurately. Medicines were signed on the Medicine Administration Records (MAR) which indicated they had been given as prescribed. We reviewed MAR sheets in one location which were completed correctly and showed no gaps. The home care consultant told us that these were regularly checked. Staff were required to complete medication e-learning and class room training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff told us they were aware of.

Is the service effective?

Our findings

Staff were knowledgeable about people's needs and received regular training which related to their roles and responsibilities. We reviewed the training records which confirmed that staff had received training in topics such as first aid, manual handling, child protection and safeguarding adults. We noted that staff were offered training specific to the people they supported for example Parkinson's, behaviour management and dementia. In addition to this staff had completed or were working towards their diplomas in Health and Social Care. New staff carried out an induction which included a number of shadow shifts, completion of mandatory organisational training and the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A person told us, "Staff appear competent in their job". Another relative told us, "Staff definitely appear professional and well trained". This demonstrated that the service ensured that staff had the appropriate skills and knowledge necessary to carry out their roles effectively.

A staff member said, "We are given really good training. It has allowed me to provide a good service. We also get handbooks". Another staff member told us, "I'm offered enough training. It is regular and we are able to request additional if necessary. I'm currently doing my level 2 diploma".

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by management. The home care consultant told us that they completed field supervisions with staff. A staff member said, "We have field supervisions to observe our practice. The care consultant then asks the person and family for feedback".

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.

We found that consent to care was sought. Capacity assessments and best interest's decisions were recorded. People's care and support plans were signed by the care consultant and person receiving care or next of kin where necessary. There were records of people's lasting power of attorney (LPA) for health and welfare on file. A LPA gives one or more trusted persons the legal power to make decisions about people if they lose capacity. A relative told us, "My loved one has an LPA in place and the family are involved in decision making".

Staff were aware of the Mental Capacity Act and told us they had received Mental Capacity training. The training record we reviewed confirmed this. A staff member told us, "MCA is about people's capability to make decisions. This is used when people can't do this. I have done the training".

People were supported to eat and drink enough. We saw that appropriate records were kept in relation to nutrition including food and fluid intakes. A relative told us, "Staff know (names) nutritional needs. They

meet these needs as much as possible. Pureed food and compound". We observed a staff member supporting a person to drink. The staff member got down to the persons level and waited for them to finish swallowing before offering more. We noted that the intake was then recorded and shared with the relative.

People were supported to access healthcare services as and when required and staff followed professional's advice when supporting people with on-going care needs.

Is the service caring?

Our findings

Positive caring relationships were developed between people and staff during the induction shadow shifts which were carried out with the care consultant and other experienced staff. A relative said, "There was once a staff member who didn't get on with us. Nurse Plus doesn't send them now". The care consultant told us that people can request that some staff do not return, this maybe in a situation like a clash of personality. We saw that coordination of staff was set on an online system. We found that if a person had requested for a staff member to not return then the system would not allow the care consultant to allocate that member of staff to the shift. This demonstrated an effective way of actively involving and supporting people to have control in choosing their own staff.

Staff promoted and supported people to make choices and decisions about their care and support. A person said, "Staff communicate well with me. We discuss the day ahead before support is received". Staff told us that they provided information to enable people to make informed decisions. A staff member told us, "It's important to enable people to make choices and decisions. I support two people; we sit down and discuss how they want me to do the work I am there to do". Another staff member said, "I regularly offer people choices for example; food and clothing. I encourage people to do as much as they can for themselves. For example; one lady likes to do her own hair but may need prompting or me to hold the mirror".

We observed staff being respectful in their interactions with people. During the visits the atmosphere in people's homes was relaxed and homely. One person told us, "Staff are kind and caring. They go the extra mile. They show how they care by communicating to me. Communication is key". A staff member said, "We are caring. We genuinely care for people and get to know their likes and dislikes. We understand and empathise". A relative told us, "Staff are very caring. They show it through how they help my loved one. When they move them they talk them through the care". Another relative said, "Carers seems to care. They talk to my loved one as much as they can". This told us that people received positive care from staff that had developed good working relationships with them and their families.

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. We found that one person receiving 24 hour care had a timetabled programme of care in place which was created by the person and service. We were told by the person and staff that this was flexible and regularly reviewed.

The care files we reviewed held photographs, pen profiles of people, recorded key professionals involved in their care, how to support them, people's likes and dislikes and medical conditions. This information was held in each person file in their homes. This information supported new, agency and experienced staff to understand important information about the people they were supporting.

People's privacy and dignity was respected by staff. People's individual records were kept securely in locked cabinets in the central office and on an internal online care system which required individual usernames and passwords. This ensured sensitive information was kept confidential.

Staff we observed during home visits were polite and treated people in a dignified manner. A person said, "Staff always respect my privacy and dignity. This is critical". A relative told us, "Privacy and dignity is always respected". We asked staff how they respected people's privacy and dignity. One staff member said, "I close doors and curtains and cover private areas. I always encourage people to do as much for themselves as possible and turn away".

Is the service responsive?

Our findings

We found that care being delivered was centred around people's individual needs and that staff were aware of what was important to the people they were supporting. A person told us, "I would rate the service 9/10 because of the communication; they are in touch with me as a person. My needs, my wishes and understanding". Initial assessments completed formed the foundation of care and support plans and protocols. For example they detailed support needs at different times of the day and reflected outcomes of what people wanted to achieve. We noted that one person's outcome was to be able to stay at home and not go back to hospital. Another person's outcome was for them to do as much for themselves as possible. Protocols were in place and gave staff clear guidance on how to support people in achieving their outcomes and meeting individual needs. A relative said, "(Name) sometimes isn't well on certain days. They are known to have seizures. Staff manage these well and meet (names) changing needs". A staff member explained that they had supported a person to understand and use their new stair lift. They told us that they had practiced with the person and written down the operating instructions. The person said that they now felt more confident using it.

Care reviews took place regularly. People and relatives we spoke to confirmed this and told us they were important. One relative said, "We are fully involved in reviews. They come to the house and discuss needs. We are never rushed". We read one person's review which took place in July 2016. This was a full review of their care. We found that it was called in response to an increase in care needs and changes to how they were supported in moving and assisting. Changes had been agreed and reflected in the care and support plan. The care consultant told us that staff were made aware of changes through a number of different channels. This included; face to face discussions, phone calls, emails and meetings. Each person had a daily care log in their home which was completed by staff. A relative told us, "Every day I read carers notes. I find these very important. Concerns / changes are always logged as well as action they have taken". A staff member told us, "We are very responsive. Some people's care plans change weekly. Staff are always up to date". This demonstrated that effective systems were in place to ensure people's needs were regularly reviewed and that changes were responded to promptly.

Staff were able to tell us what people's hobbies and interests were. We found that people's profiles reflected these. A staff member told us that they had started taking a person they were supporting out in their wheelchair. We were told that this had had a positive impact on the person who felt more involved in the community. The staff member said that the family had fed back saying that the person seemed more settled and happier now.

People and relatives had opportunities to share their experience and raise concerns about the service. One relative said, "We have received quality questionnaires from the office and HQ. The care consultant often comes in and discusses feedback. There are lots of opportunity to do this which is good". We reviewed the Nurse Plus client survey 2016 of Dorchester Homecare. We found that eight surveys had been returned and general feedback was positive. The summary captured positive comments. For example; "The service provided is excellent in every way. Don't know what we would do without you". It also identified other comments and experiences. We noted that one relative had said that a carer had not arrived on time due to

confusion in shift times and after a call to the local office this was quickly resolved. The care consultant told us that they found it important to capture regular feedback and respond promptly.

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. There were no open complaints at the time of this inspection. The registered manager told us they were open to complaints and said, "Complaints mean we learn and are able to look at why and what can be done differently". People and staff we spoke to all said that they would feel able to raise any concerns they might have. A relative told us, "If I had a concern I could discuss it with the care consultant and feel it would be resolved". Another relative said, "My loved one has never expressed any concerns. I have never had to raise a complaint but would if I needed to". Compliments were also recorded. We noted that one person had written, "(name and name) were stars! As usual they put our minds at rest because they took on board ALL those little important requirements plus kept me posted at key points in the day".

Is the service well-led?

Our findings

The service has a registered manager in place. 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.

Staff, people and families told us that they thought the service and management was good at Nurse Plus and Carer Plus (UK) Limited - 3a Mey House. We were informed that the registered manager promoted an open working environment and was flexible. We observed relatives and staff popping into the office during the inspection. The registered manager took time to talk to these people who appeared relaxed and comfortable around them. A family member told us, "The care consultant is my first point of contact. They seem to be a good leader. I know the registered manager too who is good". A staff member told us, "The registered manager and care consultant are good managers. Always prepared to listen. If I felt something needs re-assessing they will. Actions are always taken and they are flexible with working hours". Another staff member said, "The registered manager is good, caring, has a lot of experience, open, listens, talks to us and is a problem solver". Another staff member told us, "There is very good management and leadership here. They take concerns seriously. I feel well supported and they act on information promptly". This demonstrated how the service was well managed and led.

We reviewed staff meeting notes. We found that branch team meetings took place three monthly. These included the consultants and registered manager. Areas regularly covered included last meeting actions, branch performance and targets. Actions were recorded and followed up. We noted that previous actions included sending out the new rota, staff supervisions and client visits. General staff meetings also took place three monthly. We noted that recently some staff meetings had taken place (with consent) in people's homes which involved core staff to the person. The care consultant said that these were more focused meetings to the person's care and support. We saw that one staff member had raised concerns about some equipment provided by the DN and found that an action had been logged. We followed this up and saw that the person had been re-assessed by the DN and the action was signed off.

We found that both the registered manager and office staff had good knowledge in their lead areas and were open to learning and further developing the service. The management at Nurse Plus and Carer Plus (UK) Limited - 3a Mey House were responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

Relatives and staff rated the service highly. One relative told us, "10/10, best agency around here". A staff member said, "9/10, I've had good experiences. I would recommend to staff and my family members".

We saw that quality monitoring systems were in place and were carried out regularly by the registered manager, care consultant and quality assurance advisor. We met with the quality assurance advisor who told us that they completed quarterly audits and used a traffic light system to rate the service. We were informed that actions were put in place for any issues which arose and that the audit tool incorporated CQC

regulations and the key lines of enquiry. The quality advisor said, "We look at staff files, complaints, safeguarding's and care. We may have focus areas. The registered manager here is currently green and compliant". The registered manager told us that they completed quarterly spot checks with the care consultant. We reviewed the spot check records. These covered areas such as observations of staff delivering care to people, use of personal protective equipment and recording. We found that comments were recorded and actions logged where necessary.

We saw that the registered manager logged data from incident reports monthly which included incidents, complaints and falls. The registered manager told us that this data was also reported to the head office. The data was analysed for trends and learning which could then be shared. The quality assurance advisor told us that any concerns head office may have would be followed up with the registered manager. This showed us that people received a service which improved due to effective quality monitoring.

The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.