

## Nurse Plus and Carer Plus (UK) Limited

# Nurseplus UK

### Inspection report

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Date of inspection visit:  
27 November 2018  
12 December 2018

Date of publication:  
15 February 2019

### 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

What life is like for people using this service:

- People were being supported safely. There were sufficient numbers of staff employed. However, we received feedback that people were not always supported by consistent staff members and that this had a negative impact on their care.
- Risks to people were assessed and documented in care plans. Staff were well supported through supervision and training arrangements.
- People were supported with respectful and compassionate care.
- A complaints procedure was in place: however, the provider had not consistently responded to complaints in a timely manner. Action was being taken to address this and learn lessons from complaints received.
- End of life care was being provided. However, the provider had failed to address people's preferences about how they wished to receive end of life care. We have made a recommendation about end of life care planning in the full report.
- Some records were incomplete and lacked detail. The registered manager had identified some of the issues we found during the inspection and work had already begun to make improvements.
- The service met characteristics of Good in most areas.
- Further information is in the full report.

Rating at last inspection: This was the first inspection of this service since it registered with the Commission in October 2017.

About the service: Nurseplus UK is a domiciliary care agency that was providing personal care to 174 people at the time of the inspection.

Why we inspected: This was a scheduled inspection planned to check that the service was providing quality care that was safe, effective, caring, responsive to people's needs and well-led.

Follow up: There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Nurseplus UK

## Detailed findings

### Background to this inspection

The 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 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.

Inspection team: This inspection was carried out by one inspector and one expert by experience, specialising in the care of people living with Dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Nurseplus UK is a domiciliary care agency that provides personal care to children, young people and older people who may be living with dementia, learning disabilities, mental health conditions, physical disability, sensory impairment or misuse of drugs or alcohol.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is information we request to provide some key information about the service, what the service does well and improvements they plan to make. We also received some information requested from the registered manager about the service.

Inspection site visit activity started on 27 November 2018 and ended on 12 December 2018. We visited and spoke to two people and two relatives in their own homes, spoke to 22 people, five relatives, four staff and

the registered manager. We reviewed documentation including seven people's care records, medication records, five employment files, training records, staff supervision, accidents and incidents, policies and procedures and safeguarding records. We requested feedback from external professionals about the service but did not receive any.

During the inspection we requested a copy of the business development plan which was received after the inspection.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

People and relatives told us that the service supported them safely. One relative told us, "There are always two carers to hoist my relative. They are trained and do it safely."

Assessing risk, safety monitoring and management:

- The registered manager and staff had a good understanding of safeguarding and how concerns should be raised.
- Care plans included information about risks to people and how those risks should be mitigated by staff. For example, one person was at risk of falls and their care plan noted, 'Carer to ensure [person] is in line of sight at all times'. Care plans also included information for staff on how to support people with behaviour that challenged safely. For example, one person's care plan noted, 'Should I become verbally aggressive then please just make sure I am safe and then leave the room and contact the office'. Environmental risk assessments were carried out to consider any risks to people or staff during visits.
- Care plans included information about any medical conditions that people were living with for staff to refer to.

Staffing levels:

- There were sufficient numbers of staff to support people. The registered manager and senior staff told us the service only started supporting people if there was sufficient staffing in place, one member of staff told us, "We can maintain a safe service". People told us that staff arrived on time, stayed for the allocated time and met their needs.
- Appropriate checks had been undertaken to ensure staff were recruited safely. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and references were obtained and candidates attended an interview to assess their suitability for the role. However, we did note for one staff member that there were several gaps in their employment history. It is essential that employers gather a complete employment history without gaps to appropriately assess the individual's suitability for the role. We discussed our concerns with the registered manager and they told us that they would put systems in place to ensure all staff members employment history was checked in the future.

Using medicines safely:

- People and relatives told us that they received medicines and creams as prescribed. One person told us, "The carers take the tablets from my dosette box and put them in a pot for me. They apply my cream; I have never had any problems."
- Although people had received their medicines and creams as prescribed, the registered manager had identified that medicine administration records (MARs) and topical medicine administration records

(TMARs) were not always filled in correctly. We observed gaps and inconsistencies in these records during the inspection. Some people received medicines and creams 'as and when required' but this was not always clearly documented. The registered manager was already taking action to address this through team meetings, supervision and extra training with staff as required. ● Following our inspection, they reported they would increase their monitoring and auditing process further to address the issues with the documentation immediately.

#### Preventing and controlling infection

- Staff had received training on infection control and were observed to be wearing personal protective equipment (PPE) during the inspection. People told us that staff always wore PPE and cared for them in a hygienic way for example one person told us, "They are very hygienic i.e. cleaning work surface and wearing gloves."

#### Learning lessons when things go wrong

- Incidents and accidents were recorded, acted upon and analysed for learning to prevent similar incidents from occurring again.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

People and relatives told us that the service was effective. One person told us, "The people who come in are seriously very good". One relative told us, "They're always really thorough".

Staff skills, knowledge and experience:

- Staff received a variety of appropriate training to carry out their duties. One relative told us, "They are well trained in the use of the hoist." The registered manager was keen to provide more specialist training to upskill staff and had started doing this. The registered manager was committed to supporting staff to gain NVQ qualifications.
- Staff were supported through induction, regular supervision, appraisal and spot checks. One person told us, "They send [less experienced carers] with more experienced carers" and this was a positive experience for the person. Staff told us they felt well supported by the registered manager. One staff member told us, "If I had any problems, I know I can go to someone".

Supporting people to eat and drink enough with choice in a balanced diet:

- Care plans included information on the importance of meeting people's nutritional needs. One care plan stated, 'Please ask me if I would like any fluids left out, encourage me if I decline especially in hot weather'. We observed people being offered choices for food and drink during the inspection.

Staff providing effective, timely care:

- People and relatives told us that staff arrived on time and stayed for the allocated amount of time. People also told us the service was flexible with visit times at their request and the registered manager confirmed, "We try as best we can to be flexible".
- Staff made referrals to healthcare professionals as appropriate, for example: The older persons mental health team (OPMH), occupational therapists and district nurses.

Ensuring consent to care and treatment in line with law and guidance

- 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 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 service was not supporting anyone under the court of protection at the time of the inspection but had appropriate policies and procedures in place for supporting people who lack mental capacity to make decisions about their care and treatment. Staff were able to tell us how they would raise concerns about a person's capacity to make decisions if required. Staff understood that when someone lacked the capacity,



they should still be supported to make as many decisions about their care as possible and capacity should be assessed on a continuous basis.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

We received feedback from one person who told us, "[staff] are very understanding and kind." One relative told us they were 'blown away with the empathy and support' from staff.

Ensuring people are well treated and supported:

- People received caring and compassionate care from staff. One relative told us, "You often find them chatting to him, they're very sociable to [person]". One staff member told us, "I approach the job as how I would like someone to treat my family".
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people using the service which included age, disability, gender, marital status, race, religion and sexual orientation. For example, one person was supported to have food and drink outside of periods of fasting.
- Staff were not rushed and had sufficient time to provide support in a caring and personal way.

Supporting people to express their views and be involved in making decisions about their care:

- People were given choice and control over their care planning. Relatives were involved in decisions about care planning appropriately. One relative told us, "[Staff are] friendly, nothing is too much trouble".
- Staff treated people with respect and were aware of people's personal histories. Care plans included information about people's past and their preferences.

Respecting and promoting people's privacy, dignity and independence

- We observed staff treating people with dignity and respect. For example, staff enabled people to make choices during their support which promoted independence. One person confirmed to us "I'm always treated with respect and dignity".
- Staff were observed to knock on people's doors before entering. Staff and people laughed together, demonstrating a good rapport between them.
- People's private, confidential information was stored securely at the office.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

### Personalised care

- People did not consistently receive person-centred care. We received feedback from people and relatives that they did not regularly receive consistent care staff and that this impacted on the quality of care provided. For example, one relative told us that having different staff affected their family member's confidence, "Having lots of different [staff members] at other times does not help." We received mixed feedback about the communication of changes to visit times. One person told us, "Sometimes carers or timings are changed without warning."
- Care plans were person centred and included information about the person's needs, preferences and life history. For example, it was noted in one care plan, 'I enjoy listening to music mainly 50s and 60s'. Care plans were reviewed annually or sooner if appropriate. However, areas of some care plans such as moving and handling assessments lacked detail. Although this had not had a negative impact on people, this was brought to the attention of the registered manager who was already aware that moving and handling plans needed improvement and took immediate action to improve the care plans identified.
- The service was working within the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, the service could give information to people on how to make a complaint face to face, verbally, on a document with large print, on a CD or on a DVD. Effective communication was considered in care plans, for example, 'Please make sure that you only give one instruction at a time'.

### Improving care quality in response to complaints or concerns:

- One relative told us, "I complained to the office about being charged for calls that I cancelled. It was soon sorted out." One person told us, "I have never had to complain but I would have no hesitation to initially contact the office." However, despite this feedback we identified some concerns with the management of complaints.
- Concerns with complaints management had been identified in three previous audits in 2018 but issues were still found during the inspection. The registered manager had already identified that complaints had not always been managed and recorded appropriately or in a timely manner. The registered manager was therefore acting to address this through reviewing previous complaints, training staff and encouraging more detailed analysis in order to promote learning from the complaints.
- People were given information on how to make a complaint upon joining the service.

### End of life care and support:

- One person was being supported as they approached the end of their life. The person's care plan did not have any information about their wishes for how they would like to be supported at the end of their life and no guidance for staff about how to support them at that time. The registered manager told us they were

receiving appropriate treatment at the time of the inspection but there was no end of life care plan in place to guide staff on what to do if the person's condition changed. We recommend that the service seeks guidance from a reputable source on end of life care planning.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

People and relatives felt that the service was well-led. One person told us, "I think the company is efficiently run."

Leadership and management:

- There was an open culture to the service that the registered manager encouraged. They reported that staff, people and relatives were always welcome at the office.
- Staff also confirmed that there was an open culture and one staff member told us, "I love working here".
- The registered manager told us examples where they had managed any bullying or harassment promptly to prevent discrimination.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- The provider had a duty of candour policy in place. This details the requirement for registered providers and registered managers to act with openness, transparency and candour when things go wrong.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- Some records were identified to need improvement during the inspection. For example, MARs, TMARs, end of life care planning, moving and handling records and complaints. The registered manager had already started to address concerns with records.
- The registered manager was working to support senior staff to be able to carry out managerial responsibilities. This was to enable a consistent quality of service and improve the governance of the service.
- The registered manager felt well supported by their senior colleagues. They could seek support regarding regulatory requirements.

Engaging and involving people using the service, the public and staff:

- The service sought feedback from people and staff annually. The registered manager told us that they use this feedback to learn and told us, "I do value the positives and the negatives". One person told us, "The office phone me quite frequently and ask questions about the carers." Records did not clearly demonstrate that feedback was used to drive improvement. This was brought to the attention of the registered manager for improvement. Team meetings were held on a quarterly basis to communicate important issues to staff.

Continuous learning and improving care:

- The registered manager undertook monthly audits of the care records. Quality assurance assessors from within the Nurseplus organisation also undertook audits of the service every three months.
- The registered manager had identified some areas for improvement that we identified during the inspection. This demonstrated that their governance processes were effective at identifying issues but sufficient improvements had not yet been completed. The registered manager expressed determination to address those areas and work had already begun to do so.

Working in partnership with others:

- The service worked with healthcare professionals and adult services as needed. The service did not have any links with the local community. The registered manager agreed that this was an area that could be developed for the benefit of people and staff.