Nurse Plus and Carer Plus (UK) Limited

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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

This inspection took place on 30 June, 1 July and 3 July 2015 and was announced.

Nurse Plus and Carer Plus provides a domiciliary care service to enable people living in the Basingstoke and the surrounding areas to maintain their independence at home. There were 97 people using the service at the time of the inspection, who had a range of physical and health care needs. Some people were being supported to live with dementia, whilst others were supported with specific health conditions including epilepsy, diabetes and sensory impairments. At the time of the inspection the provider deployed 37 care staff to care for people and meet their individual needs.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care

Summary of findings

Act 2008 and associated Regulations about how the service is run. The previous registered manager had resigned in April 2015 and a new manager was appointed on 8 June 2015. In the interim period an experienced manager from within the provider's care group had managed the service. Records confirmed that this manager had started the process to become the registered manager of the service.

At our previous inspection on 12 and 16 September 2014 the provider was not meeting the requirements of the law in relation to people's care and welfare and safeguarding people from abuse.

Following the inspection the provider sent us an action plan and informed us they would make improvements to meet these requirements by 14 October 2014. During this inspection we found improvements had been made to meet these requirements.

People using the service were actively involved in making decisions about their care and were asked for their consent before being supported. Relationships between staff and people were relaxed and positive. Care staff engaged with people to identify their individual needs and what they wanted to do in the future. Care staff were committed to promoting people's independence and supporting them within the community.

Comprehensive risk assessments had been completed with people and where appropriate their relatives. Where risks to people had been identified there were plans in place to manage them effectively. Care staff understood the risks to people and followed guidance to safely manage these.

The care staff responded flexibly to people's individual wishes and changing needs and sought support from health and wellbeing specialists when necessary. People's dignity and privacy were respected and supported by care staff. Care staff were skilled in using individual's specific communication methods and were aware of changes in people's needs, which were reported to relevant healthcare services promptly when required. People were encouraged to be as independent as they were able to be, as safely as possible.

People told us they trusted the care staff who made them feel safe. Care staff had completed safeguarding training and had access to local authority guidance and contact numbers. They were able to recognise if people were at risk and knew what action they should take to protect people from harm. The manager had taken action when people had been identified to be at risk and learning for staff had taken place. People were kept safe as safeguarding incidents were reported and acted upon.

The manager and provider completed a weekly staffing needs analysis to ensure there were always sufficient staff with the necessary experience and skills to support people safely. Wherever possible the manager and care staff worked together with people to identify in advance when their needs and dependency were likely to increase.

People were cared for by care staff who had undergone the required pre-employment checks to ensure their suitability and had received an induction based on the social care industry requirements. The induction also took into account the specific needs of the people cared for by the service, including diabetes and dementia. Care staff had the required training updated in accordance with the provider's policy. The provider supported staff to meet people's needs with an effective programme of induction, supervision and appraisal. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development.

Medicines were administered safely in a way people preferred, by trained staff who had their competency assessed annually by the training coordinator and senior staff.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf.

People's needs in relation to nutrition and hydration were documented in their support plans. We observed people supported appropriately to ensure they received sufficient to eat and drink. Meals reflected people's dietary needs and preferences. When necessary people had been referred to appropriate health professionals for dietary advice.

Summary of findings

The suitability of staff to form caring relationships with people was assessed as part of their recruitment process. People were supported to maintain relationships with people who were important to them.

Where complaints were made they were investigated and actions taken by the provider in response. Complaints were analysed for themes and where these had been identified action had been taken.

The provider's values focussed on treating people with dignity and respect whilst providing high quality care. People were cared for by care staff who understood and practised the values of the service in the provision of their care.

The manager and provider carried out a comprehensive programme of regular audits to monitor the quality of the service and plan improvements. The manager monitored people's support and took action to ensure they were safe and well. People's welfare, safety and quality of life were looked at through regular checks of how people's support was provided, recorded and updated. We found that accidents and incidents had been recorded appropriately. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented to improve the service.

People's needs were accurately reflected in detailed plans of care and risk assessments, which were up to date. These plans contained appropriate levels of information. For example, if a new member of care staff arrived to provide support in response to staff absence after reading these plans they would be able to support people safely. Throughout the inspection the manager and office staff were able to find any information we asked to look at promptly.

Records were stored securely, protecting people and care staff confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect care staff and people's confidential information.

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?

Good

The service was safe.

Risks to people were identified and positively managed by care staff to ensure people received safe and appropriate care to meet their needs.

Staff had received safeguarding training and had access to relevant guidance. When safeguarding incidents had occurred they had been correctly identified, reported and acted upon by staff.

People's medicines were administered safely.

There were enough experienced, skilled and knowledgeable staff to make sure people were cared for safely. Staff had undergone thorough and relevant pre-employment checks to ensure their suitability.

Is the service effective?

Good

The service was effective.

Care staff received appropriate training and supervision to enable them to support people's needs effectively.

Care staff were aware of changes in people's needs. Staff ensured people accessed health care services promptly when required.

People were supported to make their own decisions and choices. People's consent had been sought. Care staff demonstrated an understanding of consent, mental capacity and deprivation of liberty issues.

People were provided with nutritious food and drink of their choice, which met their dietary requirements. People were supported to eat a healthy diet.

Is the service caring?

Good

The service was caring

People had positive and caring relationships with the care staff who treated them with kindness and showed compassion and concern for their welfare.

Care staff supported people to be actively involved in making decisions about their care.

Care staff promoted people's independence and ensured their privacy and dignity were respected in the way their care was provided.

Is the service responsive?

Good

The service was responsive

People's care was personalised and based on their wishes and preferences. Care staff understood people's specific needs and provided care in accordance with their wishes.

There were processes in place to seek feedback from family and friends about the quality of the service.

Summary of findings

People were provided with information about how to complain, which was accessible and in a format of their choice. Complaints were promptly responded to by the provider. Learning from complaints was used by the manager to drive improvements in the service.

Is the service well-led?

Good

The service was well-led.

The provider promoted a positive culture within the service based on open and honest communication between people, their relatives and care staff. Care staff understood the provider's values and practised them in the delivery of people's care.

There was a defined management structure which ensured people's care was provided by care staff who felt well supported. The manager and senior staff provided clear and direct leadership to care staff, who understood their roles and responsibilities.

The manager monitored the quality of the service and took action where required to drive improvements in the service.

Nurse Plus and Carer Plus (UK) Limited

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 30 June, 1 and 3 July 2015 and was announced. The provider was given 48 hours notice of the inspection to ensure that the people we needed to speak with were available. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of community services.

Before the inspection 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website.

Prior to the inspection we spoke with two commissioners of the service. During the inspection we spoke with the manager, the Director of Compliance and Training, the Compliance and Clinical Manager, the training coordinator, two care coordinators, a field care supervisor and four care staff. We also spoke with a visiting Qualifications and Credit Framework (QCF) assessor.

We reviewed 16 people's care plans and nine care staff recruitment and supervision records. We also looked at information relating to the management of the service, which included audits of the service and the provider's policies and procedures.

We visited 12 people and three relatives at their homes. We spoke with them about their care and looked at their care records. We observed some aspects of care, such as care staff preparing people's meals and supporting them to move. During the home visits we spoke with eight further care staff.

Our expert by experience spoke with a further 11 people on the telephone to find out about their experience of the quality of care provided by the service. Following the home visits we spoke on the telephone with six further members of staff and two health and social care professionals.

Good

Is the service safe?

Our findings

During our previous inspection in September 2014 the provider had been commissioned to provide basic support to people with complex needs. The complex needs were being managed by other health professionals. However, care workers did not have guidance about what to do when presented with people's complex needs and behaviours whilst providing basic support to them. This meant that the provider could not be assured that all people had experienced effective and safe care that appropriately met their needs. We told the provider to make necessary improvements to meet legal requirements.

At this inspection we found the provider had taken the necessary action to make the required improvements. The provider now ensured that all people with complex needs had these fully detailed within their care plans, even if they were being supported by other healthcare professionals in relation to these. People's needs and risk assessments were completed by the care coordinators or field care supervisor. Where people were identified to have complex needs in addition to the support being commissioned, their needs and risk assessments were reviewed by the provider's compliance and clinical manager, a registered nurse, to ensure the service could meet these safely when required. The provider had demonstrated that people experienced effective and safe care that appropriately met their needs.

People were protected from the risks associated with their care and support because these risks had been identified by the provider and managed appropriately. Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. There were measures in place to facilitate people in a way which promoted their independence and kept them safe. Risk assessments were centred on the needs of the person and gave staff clear guidance to follow in order to provide the required support to keep them safe.

Care staff were able to demonstrate their knowledge of people's needs and risk assessments in relation to specific health needs, communications, behaviour, medicines, pain, personal care, skin care, mobility and social contact, which was consistent with the guidance contained within people's care plans.

Where skin assessments identified people were at risk of experiencing pressure sores staff had received guidance about how to reduce these risks to prevent their development. During visits to people we observed that pressure relieving equipment was being used in accordance with people's pressure area management plans. The risks to people from pressure sores were managed safely.

Care staff knew how to support people to stay safe whilst out in the community. Whilst we were visiting a person another person the provider supported arrived at the garden and recognised the care staff. This person was living with dementia and was lost, trying to find the social club they were attending that day. Care staff supported them to find the route to the club and called the office to report the incident. Care staff were aware of the risks to this person and had ensured their immediate safety. The service also informed the relevant health and social care professionals so that the person's changing support needs could be reviewed as a matter of urgency and plans could be put in place to keep them safe.

People were supported to manage the risks associated with their health conditions. We visited one person who lived with diabetes. We reviewed their individual protocol which detailed action for care staff to take if they experienced either a hyperglycaemic or hypoglycaemic episode, usually triggered by either an abnormally high or low level of glucose in the blood respectively. Care staff demonstrated their understanding of this protocol and were able to describe the appropriate action they should take in treating people if they experienced a hyperglycaemic or hypoglycaemic incident.

During our previous inspection in September 2014 the provider had not always ensured that care and treatment was planned and delivered in a way that assured people's safety and welfare. During a serious incident staff had failed to act in accordance with the provider's emergency policy and had not contacted the emergency services. We told the provider to make necessary improvements to meet legal requirements.

At this inspection we found the provider had taken action to make the required improvements. The provider had procedures in place for dealing with emergencies which could reasonably be expected to arise from time to time. We looked at the provider's emergencies policy and noted that all care staff had been given training and written

Good

Is the service safe?

instructions on how to deal with different types of emergency, which records confirmed. These included how to respond if people were found to be unresponsive or demonstrating behaviours amounting to self-neglect or self-harm. Care staff we spoke with demonstrated a clear understanding of their responsibilities under the provider's emergency procedures. We reviewed two incidents since our last inspection and noted that care staff had complied with the provider's emergencies policy and had taken appropriate action to ensure people's safety and welfare.

One person we visited praised the swift response of care staff in relation to a fall. They told us, "I fell over in the bathroom and the carer arrived five minutes later and found me on the floor. The carer called the ambulance and reported it to the office."

During our previous inspection in September 2014 the provider had not ensured people were protected from the risk of abuse. The provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We found that a person's level of self-neglect and incidents of self-harm had increased rapidly over a short period of time. These incidents had been recorded and relevant health professionals had been informed. However, the local safeguarding authority had not been notified. We told the provider to make necessary improvements to meet legal requirements.

At this inspection we found the provider had taken action to make the required improvements. The provider had reviewed their safeguarding policy and training in relation to supporting people identified to be at risk of self-neglect and self-harm, which records confirmed. Care staff had received safeguarding training and knew how to recognise and report potential signs of abuse. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation if necessary. Care staff told us they had access to safeguarding polices and relevant telephone numbers to enable them to report any safeguarding concerns. People were kept safe as care staff understood their role in relation to safeguarding procedures.

Records showed that since our last inspection two safeguarding incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. Care staff told us the provider ensured their safety at work by effectively implementing their lone worker policy.

People told us they felt safe. One person said, "I feel safe and trust the staff completely". Whilst talking about care staff one person said, "I feel safe with them and they all understand me".

Staff supported people safely with their moving and positioning needs. Care staff had received appropriate training in safe moving and handling techniques and had had their competency assessed by the provider's training coordinator. The training coordinator told us where people were supported with moving equipment a risk assessment identified their needs, how they should be met and any necessary training. Care staff had been trained in the use of this and people's individual support equipment. We observed care staff using people's personalised support equipment safely and in accordance with the guidance within their care plans.

A coordinator told us that consistency of care was important for everyone they supported but particularly people who lived with dementia and associated anxieties. Daily rotas confirmed that people experienced good continuity of care from regular care staff. The registered manager told us they completed a weekly staffing analysis to ensure there were sufficient staff available to meet people's needs. They told us they would not take extra care packages if they did not have staff available to meet people's needs safely. There were sufficient numbers of suitable staff keep people safe and meet their needs.

Systems were in place to reduce the risk of missed calls. For example, the provider arranged for care staff to visit the office on Friday to speak with the manager and office staff. This afforded the opportunity for care staff to discuss any issues with people they supported but also to identify any problems with their scheduled visits.

The provider had an ongoing staff recruitment programme with procedures which ensured people were supported by care staff with the appropriate experience and character. Care staff had undergone relevant recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Suitable references

Good

Is the service safe?

confirmed the details care staff had provided and proof of their satisfactory conduct in previous health and social care employment. Recruitment files showed that a thorough system was in place for pre-employment checks.

People's medicines were administered safely by trained care staff. People told us that care staff supported them where necessary with their medicine, in accordance with their care plans. The manager told us care staff had received medicines management training which was updated and their competency was assessed by the provider's training coordinator. Training records confirmed care staff had received medicines management training. Care staff told us they felt confident managing medicines and that their training had prepared them to do this.

Appropriate arrangements were in place in relation to obtaining, storing and disposing of people's medicines safely. During one of our home visits it was identified that a person's prescribed course of pain relief medicine had been completed. The person was still in pain so the provider contacted the GP and pharmacist who arranged for a new course of prescribed pain relief medicine to be delivered later that day.

We reviewed people's medicine administration records (MARs) and saw care staff had mostly signed to record what medicine had been administered. We noted that such omissions had been identified during monthly audits of people's MARs by senior staff who had addressed this in individual care staff supervisions and in staff meetings, which were recorded. If a medicine was not administered, the reason for this and any action taken as a result were recorded. The manager told us there had been one medicine error since our last inspection. We reviewed this incident and found that prompt action had been taken by the manager to the ensure people were safe and that staff had their medicines competency reassessed. People received their prescribed medicines safely at the right time, which was accurately recorded.

Good

Is the service effective?

Our findings

People and relatives we spoke with were complimentary about the effectiveness of the service. A person told us, "I couldn't do without them. I am very independent and if I can do it I will do it. If I can't they are there and that gives me confidence. They are good at looking after me". People were pleased with the competence and attitude of the care staff. One person said, "There are no issues with the staff. They've got the training and they know what they are doing". People and relatives said care staff had the skills and knowledge to provide the support required and completed all of the tasks in accordance with people's care plans.

The training coordinator told us all care staff completed an induction course recognised by the social care sector. This ensured care staff met the standards people working in adult social care need to meet before they can work safely unsupervised. Care staff we spoke with and records confirmed this. New care staff also worked shadow shifts with experienced senior care staff until they felt confident to work alone. This ensured they had the appropriate knowledge and skills to support people effectively. We spoke with an experienced member of care staff who confirmed that although they had a wealth of previous care experience they still had to complete the provider's induction programme. A new member of staff who had completed their induction the day before our inspection and was new to the care industry told us, "The training has been really good but you never know how much has sunk in. The one thing that reassures me is that you get to shadow people who know what they are doing and you can ask for more shadowing if you feel you need it." People were cared for by care staff who received an appropriate induction to their role.

Staff told us they were encouraged to enrol on the Qualifications and Credit Framework (QCF). QCF's are work based awards which replaced National Vocational Qualifications (NVQ's). They are achieved through assessment and training. All care staff had obtained either an NVQ level two, or were in the process of completing a QCF diploma. People received care from staff who were supported in their professional development. A QCF assessor who attended the service on the day of our inspection told us, "The provider is committed to supporting their staff to have the necessary skills to care for people safely and effectively."

Care staff had received the required training for the role for which they had been employed. Those subjects included: moving and handling, food safety, safeguarding, cleanliness and infection control, person centred care, dementia awareness, communication, fire safety, medicines management and first aid. Care staff had specific training and had their competency assessed to deliver more complex care, such as urinary catheter management, by the provider's training coordinator. Care staff told us that they felt confident that their induction and training had prepared them to deliver support in accordance with people's care plans. Care staff had effective training to support them to deliver safe care to meet people's needs.

The service had an effective system of supervision in place. Care staff told us they had received a quarterly spot check, where their care practice was assessed by senior care staff, and two monthly supervisions. They also told us they had received an annual appraisal or had one arranged. We confirmed this by reviewing staff files and the provider's computer records. Care staff told us they felt well supported by the provider and manager through the supervision process.

Care staff communicated with people using the methods detailed in their support plans. We observed care staff supporting people with limited verbal communication making choices by using their knowledge of the individual concerned. Communication plans clearly defined what decisions people could make themselves and those where they would require support, and from whom. People were given choices and asked for their permission before care staff undertook any care or other activities.

Care plans included information about what people liked, for example one detailed, 'I like my socks inside out to put on and I like my shoes tight". We asked a staff member about a person's likes and they said "she loves crosswords, the daily paper and a scratch card, she loves reading".

People and relatives told us that care staff understood people's rights and the principles of consent. People said the care staff always asked for their consent before they did anything. Care staff told us they had received training in the

Good

Is the service effective?

Mental Capacity Act (MCA) 2005, which records confirmed had been updated as required. Care staff were able to demonstrate their understanding of the principles of the act and described how they supported people to make decisions. The provider had a copy of the local authority guidance to support them in any formal recording of mental capacity assessments and best interest decisions. People were cared for by care staff who understood their responsibilities in relation to the MCA, 2005.

We reviewed the care records of people who had been assessed as not having the capacity to make certain decisions, for example to agree to their care plans. We noted in their records that 'best interest decisions' had been made in relation to the most appropriate care and support to meet their needs.

The provider had obtained copies of people's lasting power of attorney (LPA) or had requested a copy. A LPA is a legal document that lets a person appoint one or more people, attorney's, to make decisions on their behalf. They can be in relation to health and welfare or property and financial affairs. This ensured the provider knew who was legally able to make decisions on people's behalf and in relation to what type of issues. The registered manager ensured people's attorneys were involved in people's care planning where required. We spoke with a person's attorney who told us the manager and staff kept them fully up to date with any changes and always sought their view in relation to decisions in the person's best interest. People were supported by staff who understood who was legally able to make decisions on their behalf.

Care plans detailed people's specific dietary requirements, preferences and any food allergies. People were supported to eat a healthy diet of their choice by care staff who had completed training in relation to food hygiene and safety. Care staff knew people's food and drink preferences and were able to tell us what action they would take if they identified a person to be at risk of malnutrition.

During a home visit we noted that whilst a nutrition intake chart was completed, this did not always reflect what the person had eaten but what the person was given to eat. This meant the person could be at risk of poor nutrition because the monitoring arrangements were not always followed. At the time of our inspection the person was not malnourished. The care coordinator told us staff knew to prepare food for this person at the beginning of the visit so that the amount consumed could be recorded, although this was not always possible. The care coordinator had frequent contact with the person's family to ensure they were eating the meals prepared. The provider told us they will speak with the commissioners of this person's care to discuss whether an extension of the visit time will enable more effective monitoring. Daily notes we reviewed of other people, audited during weekly checks by senor staff, had nutrition intake charts completed correctly.

Staff recognised changes in people's needs in a timely way and promptly sought advice from health professionals. We saw examples where staff had immediately sought advice from the manager when they had identified a change in people's needs, who then arranged support from relevant health professionals. During a home visit staff told us they called a GP immediately when they noticed a person had developed an infection and was experiencing pain. This was confirmed by the person and their care records. Another person told us how staff had quickly arranged a review of their loved one's care and support when their dementia had become more advanced and how the service had reassured them personally.

Good

Is the service caring?

Our findings

People and relatives said care staff were caring and compassionate and treated them and the arrangements of their household with respect. People told us they got on well with their care staff and enjoyed their company. Relatives said care staff were and friendly and constantly demonstrated positive, caring relationships with people they supported. One person told us, "The staff are so kind and compassionate. If he's not well they'll give him space but always keep an eye on him". A relative of another person told us, "The girls are marvellous and I know they get lots of training but it's what's in here that really counts" as they indicated their heart. People were treated with kindness and compassion in their day to day care.

During home visits we observed relationships between people and care staff, which were warm and caring. People and care staff had two way conversations about topics of general interest that did not just focus on the person's support needs. We observed care staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare and feelings. People told us care staff always asked if they needed anything else at the end of each care visit. Where people had requested additional support it was always provided. During a home visit care staff identified a large carton of milk had gone off so they volunteered to replace it before they left to ensure that the person had some for the rest of the day. One person told us, "I cannot tell you how much their (care staff) kindness means to me. Nothing is ever too much trouble."

People told us that if care staff were not familiar with people's care needs they checked with them how they wanted their care to be provided. Relatives told us the service had improved with time and the senior staff went out of their way to ensure the service was caring. One relative told us, "We can talk to the office because they do the plans and are always popping out to see us." People were cared for by staff who had developed caring relationships with them.

People's care was provided by care staff whose caring behaviours had been assessed as part of their recruitment. The compliance and training director said if they had any concerns about candidate's ability to get on with people they were not offered employment, which was confirmed by records. The provider ensured compatibility by matching appropriate care staff to meet people's needs. The provider had ensured that where people had specific preferences in relation to the age or gender of staff sent to support them these were accommodated. People's diverse needs in relation to their age, gender, faith and disability were understood and met by care staff in a caring way. For example we reviewed one person's care plan which detailed how staff were to support a person whilst practicing their religion. Care staff demonstrated knowledge about the person's faith and how to respect their beliefs.

Care staff had developed trusting relationships with people and spoke with insight about peoples' needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Care staff understood people's care plans and the events that had informed them. People's preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed. Care staff gave us examples about how they sought people's views in relation to their personal care; they also told us how people were encouraged to maintain their independence and how they involved and supported relatives.

People and relatives, where appropriate, were involved in making their decisions and planning their own care and support. If they were unable to do this, their care needs were discussed with relatives. People told us they were able to make choices about their day to day lives and care staff respected those choices. The manager told us care staff planned care with people and focused on the person's description of how they wanted their care provided. People's care plans noted their preferred method of communication and detailed what information they should give the person to support them. Care staff knew about the preferences and dislikes of the people they were supporting. People's care plans reflected how they wanted their care provided.

During our visits we observed people being treated with dignity and respect. People and relatives told us people's dignity was promoted by care staff because they were treated as individuals, with kindness and compassion. Care staff described how they supported people to maintain their privacy and dignity. These included taking people into their bedrooms to deliver personal care and supporting them to do what they were able to for themselves. When

Good

Is the service caring?

care staff wished to discuss a confidential matter they did so in private. Records showed staff had discussed sensitive issues such as personal relationships and the delivery of personal care with people, to ensure they had the necessary support they required.

Information was kept confidentially and there were policies and procedures to protect people's confidentiality. There was a confidentiality policy which was accessible to people and staff. Care staff were aware of the importance of maintaining confidentiality and gave examples of how they did this. Care staff told us it had been impressed upon them by the registered manager not to discuss people's care in front of others. The provider respected people's personal information which they treated confidentially.

When people were nearing the end of their life they received kind, compassionate care and where required care staff were supported by palliative care specialists. Palliative care is the active holistic care of patients with advanced progressive illness. We reviewed examples where the provider worked closely with health care services to support people's wish to receive palliative care at home. Where appropriate, people were given support when making decisions about their preferences for end of life care. A relative wrote to the care coordinator about the support their loved one had received, "Thank you and your wonderful staff for the care and support you have given me over the months. I always looked forward to them coming as there was always a kind and cheerful word."

Good

Is the service responsive?

Our findings

People told us that they received person centred care that was responsive to their needs. One person said "The care staff are brilliant. When I'm poorly they make sure I'm looked after. I don't know what I'd do without them."

People and their relatives, when appropriate, had been involved in planning and reviewing care on a regular basis. People said the service had involved them in decision-making about their care and involved the people they wanted to support them with important decisions. People contributed to the assessment and planning of their care as much as they were able to. Relatives told us they were pleased with the way they were involved in care planning and kept informed of any changes by the service.

People's care records demonstrated their needs had been assessed prior to them being offered a service. The manager told us they were provided with an initial needs and risk assessment by the commissioning authority. The provider's care coordinators, who were trained needs assessors, then visited the person to complete initial needs and risk assessments, before the service began to support the person. All people with complex needs were referred to the provider's clinical and compliance director who was a registered nurse. The person was then revisited after a few days, to gather feedback, make amendments and to add additional information which had been obtained from the first few days of the person's care. People then received a visit from the field care supervisor after 6 weeks to ensure the care being delivered met their needs. Records showed people's care had been regularly reviewed.

People were supported to have care that reflected how they would like to receive their care and support. Each person was treated as an individual. Staff got to know the person and the support they then provided was built around their needs. People, or where appropriate those acting on their behalf, told us their care was designed to meet their specific requirements. Care plans were detailed and personalised to support the person's care and treatment. One person we visited said, "The girls (care staff) are brilliant, they are all so friendly and know how to help me and when I need it."

People and their relatives told us staff consistently responded to people's needs and wishes in a prompt manner. Staff were alert to people's communication methods and identified and responded to their needs quickly. We observed staff responded immediately when required, before people became distressed. Some people told us they wished to remain as independent as possible within their own home. A relative told us, "We're really pleased because it means so much for them to be in their own home and the care staff are so good at getting them to do as much as they can whilst keeping them safe." People gave their views about their level of independence and the provider had taken these into account in their care plans.

We saw that where changes had occurred relevant health professionals were informed and consulted immediately. For example, where people had developed an infection or required support managing pressure areas or with urinary catheter care. Care staff provided care that was consistent but flexible to meet people's changing needs.

There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. People said they could chat with care staff if they were not happy with something. Care staff knew when people might be resistant to receiving care and told us how they provided support in such circumstances. They told us how they would respect people's wishes and attempt to provide their care later in the visit or arrange for other care staff to provide it later, when they might be more receptive.

Feedback was sought by the provider and registered manager in various ways ranging from provider surveys, quality assurance visits and telephone calls and care staff meetings. The manager ensured this feedback was acted upon.

People had a copy of the provider's complaints procedure in a format which met their needs. This had been explained to them and, where necessary, their relatives. Care staff knew the complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved.

People said they felt care staff listened to their ideas and concerns, which they quickly addressed. People we visited told us they had no reason to complain but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately by the manager or team leaders. People and relatives knew how

Good

Is the service responsive?

to make a complaint and raise any concerns about the service. They told us that care staff responded well to any concerns or complaints raised. One person told us about a complaint they had made and this had been satisfactorily resolved by the provider. They said "I am happy with what they do and if I ask them to do something they do it".

Records showed all complaints had been recorded, investigated and where required action had been taken under the supervision of the manager. There had been four complaints since our last inspection, which had been had been resolved to the satisfaction of the complainant. In relation to all complaints the manager had analysed the learning from the incident and where appropriate had addressed issues with relevant staff in supervisions. People's care had improved as learning and improvements were made as a result of complaints received.

The service regularly received written compliments and thank you cards from people. Recently received compliments included. "We want to say thank you to you all for the love and kindness you have given us both. We couldn't have managed without you". A relative whose loved one was supported living with advanced dementia wrote, "To all at Nurse Plus the biggest heartfelt thank you for caring so wonderfully. You were all so kind and patient which I know at times must have been very difficult."

Good

Is the service well-led?

Our findings

People told us they thought the service was well led. Health and social care professionals said their communication with the provider was good and they experienced a strong team spirit amongst the care staff and people using the service. People, relatives and health and social care professionals, praised the provider and care staff for their dedication and support.

The provider's values focussed on treating people with dignity and respect whilst providing high quality care. During home visits we observed care staff constantly demonstrating the values of the provider in their care practice. One member of care staff told us, "It's all about caring. Caring for people is the most important thing and having proper standards, like the 'mum test' and the 'nan test'." A senior care staff member told us, "We know there's always things to improve and we encourage carers to challenge poor practice and talk to us to improve communication." People were cared for by staff who understood and practised the values of the service in the provision of their care.

The manager and senior staff demonstrated good management. For example, a member of care staff told us how the manager and care coordinators had sensitively supported them at a time when they were emotionally distressed. People and relatives told us the manager, interim manager and care staff were always approachable and knew what was happening. One person told us, "The new manager seems very nice and approachable and listens to what you say." Another person said, "I was with another company but I changed from them as they were unreliable. Since I've been with Nurse Plus they have been much better". A relative told us, "The manager and office staff are always straight with me and aren't afraid to apologise if something goes wrong." The manager valued and encouraged the views of people.

The manager and senior staff provided clear and direct leadership. The office team had a good understanding of their roles and responsibilities, as did the care staff. Care staff told us there was an open culture within the service. The manager encouraged learning from mistakes by discussing any concerns or ideas they had about the service or their own development. The training coordinator encouraged care staff to let them know if they felt they wanted further training or re-training in any topics during feedback at the end of training sessions.

Care staff said the new manager was approachable and supportive. Without exception, care staff said morale and support had improved since the management team had changed. Throughout our inspection we saw care staff visit the office and observed they had a good relationship with the manager and other office staff, whom they approached freely. One care staff told us, "I avoided coming into the office at all costs but now it's a much friendlier and welcoming place, I often pop in for a cuppa and a chat even when I'm not working."

There were regular staff meetings which were an opportunity to share ideas, keep up to date with good practice and plan service improvements. For example, staff meeting minutes showed staff had spent time discussing how to support people to meet their unique needs whilst promoting their independence in relation to living with dementia. The manager valued and encouraged the views of care staff

People, their relatives where appropriate and staff were asked for their views about the delivery of care and treatment and they were acted on. We found that the provider conducted quarterly satisfaction surveys to find out how the quality of service and care could be improved. All of the care records we reviewed contained positive comments about the quality of care provided. Minutes from quarterly staff meetings demonstrated that issues regarding people's care and staff welfare had been discussed. This meant that the provider had gathered information about the safety and quality of their service and had taken action when appropriate to make improvements.

Staff were supported by a comprehensive range of standard operating procedures and best practice guidance such as lone working policies and disciplinary procedures. This ensured that staff had a range of information available to support them with their work.

The care coordinator told us they conducted a needs analysis with the manager and where necessary, the clinical and compliance director, for each new care package to identify whether further staffing and training

Good

Is the service well-led?

was required. The manager told us they would not undertake further care packages unless their staffing needs analysis confirmed they had sufficient care staff to meet people's needs safely.

The manager and provider carried out a comprehensive programme of regular audits to monitor the quality of the service and plan improvements. The manager monitored people's support and took action to ensure they were safe and well. People's welfare, safety and quality of life were looked at through regular checks of how people's support was provided, recorded and updated. Checks were undertaken, for example on medicines and people's home environment risks, so that the provider had a clear overview of activity in people's homes. Planned visit times were checked against an electronic monitoring system and daily records which care staff signed to confirm the times and day they supported people in their homes and community. This enabled the provider and people to be assured they received consistent care in accordance with their care plans.

The manager told us they were committed to driving improvements within the service to ensure people received high quality care. The manager demonstrated how they carried out weekly checks to identify when care reviews were required, when training needed to be updated, and when supervisions and appraisals were due. They also ensured that staff received unannounced spot checks, where staff were observed delivering care. The manager demonstrated how the provider's computer system alerted them when care reviews, training and supervisions were due. This meant that the provider operated systems which ensured they could effectively identify, assess and monitor risks relating to the health, welfare and safety of people who use the service.

We found that accidents and incidents had been recorded appropriately. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We saw detailed health and safety risk assessments had identified potential hazards to the safety of people and those supporting them. We noted that measures had been put in place to protect people and ensure their welfare.

Daily care records were detailed, informative and accurate. Staff recorded their time of arrival and departure, a full description of the care provided, the person's mood and notes of any changes to care needs. People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect staff and people's confidential information.