

Nurse Plus and Carer Plus (UK) Limited

# Nurse Plus and Carer Plus (UK) Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 1 August 2017 and was announced. Nurse Plus and Carer Plus (UK) Limited provide care and support for people living in their own homes. This was our first inspection at the service. At the time of this inspection the provider was providing the regulated activity 'personal care' to twelve people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service had appropriate safeguarding adults and whistleblowing procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was enough staff available to meet people's care and support needs. Procedures were in place to support people where risks to their health and welfare had been identified. People were appropriately supported where required to take their medicines.

Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People's care files included assessments relating to their dietary support needs. People had access to health care professionals when they needed them.

People and their relatives, where appropriate, had been involved in planning for their care needs. Care records included detailed information and guidance for staff about how people's needs should be met. People's privacy and dignity was respected. There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs. People knew about the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through monitoring visits and satisfaction surveys. They carried out unannounced spot checks to make sure people were being supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the registered manager, senior coordinator and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

## 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.

The service had appropriate safeguarding adults and whistleblowing procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

There was enough staff available to meet people's care and support needs.

Procedures were in place to support people where risks to their health and welfare had been identified.

People were appropriately supported, where required, to take their medicines.

### Is the service effective?

Good 

The service was effective.

Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People's care files included assessments relating to their dietary support needs.

People had access to health care professionals when they needed them.

### Is the service caring?

Good 

The service was caring.

People and their relatives, where appropriate, had been involved

in planning for their care needs.

People's privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care records included detailed information and guidance for staff about how their needs should be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

People said they knew about the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post.

The provider recognised the importance of monitoring the quality of the service they provided to people. They took into account the views of people using the service through monitoring visits and satisfaction surveys.

They carried out unannounced spot checks to make sure people were being supported in line with their care plans.

Staff said they enjoyed working at the service and they received good support from the registered manager, senior coordinator and office staff.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

# 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.

This inspection took place on 1 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

The inspection team comprised of one inspector. We looked at the care records of four people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with the registered manager, the senior coordinator, the provider's quality assurance advisor, an internal trainer and three care staff. We also visited three people using the service and two relatives at their homes to gain their views about the service.

# Is the service safe?

## Our findings

One person using the service told us, "I am definitely safe with the carers, I am happy when they come here. They wear the identification badges and uniforms so I know who they are."

The service had appropriate procedures in place for safeguarding adults from abuse and whistleblowing. The registered manager demonstrated a clear understanding of safeguarding and reporting procedures. The staff we spoke with understood the types of abuse that could occur, the signs they would look for and who they needed to report any safeguarding concerns to. One member of staff said, "The registered manager is our safeguarding lead. I would report any safeguarding concerns I had to them or the office right away. If I thought they had not acted to safeguard any person I would go to social services or the Care Quality Commission." Training records we saw confirmed that all staff had completed training on safeguarding adults from abuse. Staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of four members of staff. We saw completed application forms that included references to their previous health and social care work experience, their qualifications, health declarations and full employment history. Records showed that any breaks in employment were discussed with staff during the recruitment process. Each file included two employment references, proof of identification and evidence that criminal record checks had been carried out.

People using the service, their relatives and staff told us sufficient staff were always available to meet people's care and support needs. One person showed us a rota they received every week and told us that staff were very rarely late and they never had a missed call. A relative said, "I have never known the service to be short of staff. We have never had a missed call. We have the same carers all the time, they almost always turn up on time and they do what they are supposed to do." A member of staff told us, "We definitely have enough staff to support people. I never need to rush between calls." The registered manager told us staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend health care appointments, additional staff cover was arranged.

Action was taken to assess any risks to people using the service. We saw that people's care files included risk assessments for example on medicines, falls and moving and handling. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment. All of the people we spoke with told us they had the contact details of the service including the out of hour's service.

People were supported where required to take their medicines. Three people using the service told us that they looked after their own medicines however staff supported them to apply creams after personal care. We saw body maps were in place for these people indicating the site for the creams to be applied. Medicine administration records (MAR) were being completed by staff confirming that these people had been

supported with the application of the creams. Some people needed support with tablets or liquid medicines. We saw recently archived and audited MAR's in other people's care files held at the office. These confirmed that people were being supported to take their medicines as prescribed by health care professionals. Training records confirmed that all staff had received training on the administration of medicines and each member of staff's competence in administering medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.

## Is the service effective?

### Our findings

People told us staff understood their care and support needs. One person using the service said, "The staff know what they need to do for me and they do it very well."

Staff told us they had completed an induction when they started work and they received training relevant to the needs of people using the service. We saw records confirming that all staff had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction of social care workers. Staff also shadowed experienced staff when they started working at the service. One member of staff told us that shadowing staff had helped them to get to know and understand people's care and support needs. Training records confirmed that all staff had completed training on topics such as food hygiene, medicines, infection control, moving and handling, health and safety, fire safety, first aid, safeguarding adults, fluid and nutrition and the Mental Capacity Act 2005 (MCA). Staff had also received training relevant to the needs of people using the service such as catheter and stoma care and awareness of mental health, dementia and learning disabilities.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said they would make sure that any decisions made were made in people's 'best interests' in line with the Mental Capacity Act 2005.

Where people required support with shopping for food and cooking meals this was recorded in their care plans. All of the people we spoke with said they normally prepared their own meals. One person said, "My daughter usually cooks something for me and the staff might help me to take it out of the oven." Another person said, "I buy small meals from the supermarket and the staff sometimes microwave it for me."

People using the service and their relatives told us they arranged for their own appointments with health care professionals and GP's. However one person told us that on one occasion, when they were not feeling well, that their carer had called an ambulance and they spent the day in hospital. They said, "I was really thankful that they did as I was really not well." Staff told us they monitored people's health and wellbeing, if there were any concerns they would refer people to appropriate healthcare professionals. One member of staff told us, "When I found one person was ill I called the GP for them and they went to hospital. I let the office know and recorded in the person's daily notes."



## Is the service caring?

### Our findings

People using the service and their relatives said staff were caring and helpful. One person said, "I can only praise the carers. They are very careful with me and helpful. They sometimes sit down with me and we have a good old natter." Another person told us, "The carers are all great. We have a laugh and things always go smoothly." A relative commented, "We have a great rapport with the carers. They have a soft spot for my loved one, they are very caring." Another relative said, "The carers are very willing, kind and helpful. They do things with cheerfulness and pleasantness. They make my loved one feel comfortable. When the carers finish what they are doing they ask us if we want anything else done. They sometimes do the washing up or a bit of ironing for us even when they don't have to. It's all you can expect from a good agency."

All of the people using the service and their relatives said they had been consulted about their care and support needs when they started using the service. One person said, "The staff came and done an assessment. They asked me about the things I needed help with. They check with me every time they come to see if I need anything else." Another person said, "They asked me all sorts of questions about my health and medicines before I started using the service. They discuss things regularly with my family and my family tell them if anything needs changing." A relative said, "My loved one and I have been involved in all the care planning and all of the reviews from the beginning."

People were treated with dignity and respect. One person said, "The staff always talk to me in a respectful manner and they don't rush things. If they need to help me with something and someone else is here they make sure things are done in private." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I always ask people if it's okay with them before I do anything and explain what I am doing as I go along. I cover people up with a towel when I provide personal care so that their dignity is maintained. If family members are around I ask them very politely to leave the room before I start providing personal care. I always make sure information about people isn't left around for people to see."

People were provided with appropriate information about the service in the form of a 'Service user's guide'. The senior coordinator told us this was given to people when they started using the service. The guide included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect.

## Is the service responsive?

### Our findings

People and their relatives told us the service met their care and support needs. One person said, "To be honest they don't really need to do a lot for me, but what they do they do it well." A relative commented, "I am very pleased with the support my loved one gets. The staff understands them very well and they get all the support they need."

Assessments were undertaken to identify people's care and support needs before they started using the service. Initial assessments covered areas such as personal history, likes and dislikes, hobbies and social activities, personal care needs, medicines, health needs, eating and drinking and moving and handling. Care plans and risk assessments were developed outlining how these needs were to be met and included detailed information and guidance for staff about how each person should be supported. The care plans and risk assessments showed that people using the service and their relatives, where appropriate, had been consulted about their needs. We saw that care plans and risk assessments were reviewed regularly and kept up to date to make sure they met people's changing needs. A member of staff told us, "The managers encourage us to come to the office to read people's care plans when they change or when we are supporting someone for the first time. That way we know what people need support with. The care plans are very easy to follow."

The senior coordinator told us there was a matching process in place that ensured people were supported by staff with the skills and training to meet their needs. They told us that staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. For example where a person using the service required support from staff to move from their bed to a chair using a hoist a member of staff told us, they would never be expected to support people before we are properly trained. They said, "The training I had on moving and handling helped me to understand how to support people safely." A person using the service told us, "The carers use a hoist to help me. The occupational therapist came here and trained all of them on how to use it properly. The carers definitely know they were doing."

People's care files included information about their religious and spiritual needs and the gender of staff they preferred to receive personal care support from. Staff training records showed that all staff had completed equality and diversity training. The registered manager told that most people using the service looked after their own diverse needs and none had expressed any preferences that required any specific support from staff. However they told us that they and the staff team were committed to always respect people's differences and support them to do whatever they wanted to do.

People and their relatives we spoke with told us they were confident their complaints would be listened to, investigated and action would be taken if necessary. One person said, "If I needed to complain I would just call the office and I'm sure they would deal with it." Another person told us, "I complained once about a carer a long time ago. Someone came from the office to talk with me and we decided that the carer wouldn't come back to care for me. I have confidence that they would deal with anything else I was concerned about." The service had a complaints procedure in place. The registered manager showed us a complaints

file that included a copy of the complaints procedure and forms for recording and responding to complaints. We saw that where complaints had been made they had been fully investigated and responded to appropriately.

## Is the service well-led?

### Our findings

People and their relatives spoke positively about the service. One person and their relative told us, "From our point of view the service is well run and organised. The managers are always checking with us to see if we are happy, and we are." Another relative told us, "The service is well managed I think. Everything seems to run smoothly."

The service had a registered manager in post. They had managed the service since January 2016. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

During the inspection the provider's quality assurance advisor was carrying out an audit at the service. They showed us records confirming that these audits were carried out every three months. The audits covered areas such as complaints, safeguarding, care planning, data protection, staff files and recruitment checks. The registered manager was also required to provide weekly reports that fed into the audit. The weekly reports we saw covered areas such as spot checks, supervisions, appraisals, care plan reviews and staff training. Any shortfalls identified during the audits were fed back to the registered manager to respond to. We saw that where shortfalls had been identified that action had been taken by the registered manager, for example in the June 2017 some staff files did not include evidence of criminal record checks. The registered manager rectified this shortfall within the required one week's timescale. Accidents and incidents were also recorded and monitored. The registered manager told us that these were discussed with staff and measures were put in place to reduce the likelihood of these happening again. The quality assurance advisor told us that missed calls were tracked by the provider on a weekly basis and any remedial actions would be taken as necessary. They told us that there had been no missed calls at this branch.

We saw records of unannounced spot checks carried out by care coordinators on staff working at people's homes. The senior coordinator told us they carried out these checks to make sure staff turned up on time, wore their uniforms and identification cards and that they had completed all of the tasks recorded in people's care plans. They also asked people using the service and their relatives for their views about the support they were receiving from staff. A member of staff told us, "We never know when they are coming. The care coordinators stay for the whole visit, they observe what we are doing. They make sure we wear our uniforms and identification badges; that we wear gloves when giving personal care and that we wash our hands afterwards and before preparing meals. Afterwards they speak with the people we are supporting for their views." A relative told us, "They check on the staff to make sure they are doing things right and ask us what we think. Everything has been good so far."

The provider took into account the views of people using the service through three monthly monitoring visits and satisfaction surveys. We saw a number of monitoring visit forms completed in 2017. The feedback had been very positive. We also saw a report and an action plan from a satisfaction survey carried out by the provider in November 2016. Actions included getting time sheets out to people using the service on time and

the office team ensuring that people were notified in advance of any changes to their rota's. People confirmed with us that they got their rotas on time and that they were notified by the office if there were any changes.

Staff said they enjoyed working at the service and they received good support from the registered manager, the senior coordinator and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. One member of staff said, "I get brilliant support from the office and managers. They deal with any problems I have right away. I can talk with them about anything at any time. We have regular team meetings too. We discuss people's needs; share our opinions and good practice. I think the team are all well supported and managed."