

Nurse Plus and Carer Plus (UK) Limited

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Inspection report

Suite 6, Pine Court Business Centre
36 Gervis Road
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Date of inspection visit:
25 October 2016
26 October 2016
27 October 2016

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16 January 2017

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 was announced and took place on 25, 26 and 27 October 2016. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available. At the last inspection in December 2013 the service was meeting the requirements of the regulations prevailing at that time.

Nurse Plus and Carer Plus (UK) Limited provides personal care and support to people who live in their own homes and also provides a healthcare recruitment service. The latter function of the agency was not included as part of the inspection as it does not fall within scope of the Health and Social Care Act 2008 and associated Regulations. At the time of our inspection the agency was providing personal care and support to approximately 50 people in their homes.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's care and support needs were met with people saying care workers were kind, caring and respectful.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse and how take action if they had concerns.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce likelihood of recurrence.

Robust recruitment systems were being followed to make sure that suitable, qualified staff were employed in the right numbers for effective running of the service.

Where assistance with, or administration of medicines formed part of a person's care package, this was managed safely.

The staff team were suitably trained to provide them with the knowledge and skills for them to fulfil their role effectively.

Staff were well supported through supervision sessions with a line manager, and an annual performance review.

Staff and the manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interests where people lacked capacity to consent.

People and staff were very positive about the standards of care provided. People were treated compassionately as individuals, with staff knowing people's needs.

People's care needs had been thoroughly assessed and care plans put in place to inform staff of how to care for and support people. The plans were person centred and covered all areas of people's needs. The plans we looked at in depth were up to date and accurate.

There were complaint systems in place and people were aware of how to make a complaint.

The service was well led with a positive, open culture.

There were systems in place to audit and monitor the quality of service provided to people.

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.

People were protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005. Wherever possible people consented to their care, and where they lacked the mental capacity to consent, best interests decisions were made.

Is the service caring?

Good ●

The service was caring.

People found their care workers supportive and respectful.

People were kept informed about any changes to their service

Is the service responsive?

Good ●

The service was responsive to people's changing needs.

People received the care they needed with care plans reflecting their individual needs. Plans were regularly reviewed and updated.

The agency had a complaints procedure and people felt able to

raise any concerns

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive culture where people and staff were confident to report any concerns to the management team.

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 was 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 of the agency's office took place on 25 October 2016 and a day's notice was given to ensure the registered manager would be available. We visited three people who use the service on 26 October 2016 and returned to meet the registered manager of the service on 27 October to give feedback on the inspection as a whole. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. 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.

Before the inspection CQC questionnaires were sent out to 46 people who use the service and 46 friends and relatives. We analysed the results of this feedback and used people's reported experiences to plan our key lines of enquiries. We also spoke with five members of staff as well as the registered manager, who assisted us throughout the inspection.

We looked at four people's care and support records and their medicine records in the office as well as a sample of records kept in people's home. We also looked at records relating to how the service was managed. These included four staff recruitment records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

People we visited were very positive about the staff who supported them telling us they felt comfortable and safe with the care workers who visited them. One person told us, "I know my carers so well now and have total trust in them". All the returned surveys from people and their friends and relatives informed us that people felt safe from abuse and or harm from care workers.

The manager had taken steps to make sure people were protected from avoidable harm and abuse because staff had had been provided with training in adult safeguarding that included knowledge about the types of abuse and how to refer concerns or allegations. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required. Staff were knowledgeable about identifying the signs of abuse and knew how to report possible abuse to the local social services.

The manager had put systems in place to identify and manage risks so that people and staff were protected from harm as far as possible. For example, risk assessments were undertaken before a package of care was put in place. These included an assessment of the person's home environment, their risk of having falls, malnutrition, ability to manage medicines and a moving and handling assessment.

The registered manager maintained records of accidents, incidents or 'near misses'. Two monthly health and safety panels were held by the senior team to review incidents and accidents looking for trends whereby action could be taken to reduce likelihood of recurrence.

There was a Business Continuity Plan in place for staffs' guidance and direction, covering scenarios such as adverse weather conditions or a staff member arriving at a visit and finding a person unwell. An out of hours and on-call system was in place so that people or care workers could contact the service in emergencies. People told us they had not experienced difficulties in contacting staff at the office when they needed.

The registered manager was aware of the risks of expanding the business too quickly and was mindful when taking on new packages of care to have sufficient care workers to provide full cover on the rota. People we visited said that they always received a rota in advance so that they knew who was scheduled to visit them. They also said that there was good continuity of care as they received regular care workers, except for cover of annual leave and sickness. This was corroborated by the returned surveys.

Robust recruitment procedures had been followed and all the required checks had been carried out. Records contained a photograph of the staff member concerned, proof of their identity, references, a health declaration and a full employment history with gaps explained with reasons given for ceasing work when working in care. A check had also been made with the Disclosure and Barring Service to make sure people were suitable to work with people in a care setting.

Management and administration of medicines conformed to best practice guidelines. Care workers had been trained in the administration of medicines and records showed that their competency to administer medicines safely had been assessed. Care workers were knowledgeable about each person's medicines and

how to administer them as there were care plans in place about each person's medication needs. A system of "spot checks" by the registered manager or care coordinators ensured that the staff were following the correct instructions for medicines and keeping appropriate records.

People told us they received their medicines as they required. We checked a sample of medicine administration records (MAR) and found that they had been completed in full showing people had received the medicines they required.

Is the service effective?

Our findings

People we visited told us the staff were competent and, because they were visited by regular carers, were looked after in the manner they preferred. Returned surveys also showed that overall people were satisfied with the service they received.

On joining the organisation, staff completed an induction training programme which included a period of work shadowing alongside experienced staff. For people new to care, their induction led to the care certificate, a nationally recognised induction qualification. We spoke with the trainer for the organisation who told us about the range of training that had been developed to provide staff with the skills and knowledge they required. There was a programme of core training, including safeguarding, fire safety, moving and handling, health and safety, medicines awareness and a system in place to make sure staff were kept up to date with refresher training. Staff were also trained in specialist areas, such as Parkinson's Awareness, Stoma Care and Stroke Awareness if they were supporting people with these conditions. Staff training records were held on people's personal files and corroborated that they were up to date with training requirements.

People were supported by staff who received supervision through one to one meetings with their line manager and an annual appraisal. Audits carried out by a regional manager had identified that some people's supervision was out of date; however, there was a plan for making sure this would be addressed. Staff we spoke to said that they felt supported and that they could always speak with someone senior if they needed immediate support or advice.

Records showed that staff meetings were held regularly and that staff were able to raise issues and were kept informed about any changes in policy or procedure affecting them.

Overall, the agency complied with The Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so 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 the least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager agreed that records would be developed to better record information about best interests decisions; to include who had been consulted and the options considered in arriving at the least restrictive decision.

People's rights were protected as the staff acted in accordance with the MCA, seeking consent where people were able to make decisions about their care and support. Staff had a good awareness of the MCA and how to put the principles in the practice of their work. People we visited confirmed that they had been involved in care planning and their consent sought on how they were supported.

Staff supported some people with meal preparation as identified in people's care plans. People told us that where this was part of their support package, the care workers always made sure they had food and drinks left in their reach and ensured that had enough to eat. Records in people's homes identified what food and drinks had been prepared for the person.

People were supported with their health care needs and staff worked with healthcare workers to support people if this was pertinent to their care. For example, the agency supported a person who was insulin dependent for diabetes. Care staff assisted the person with their diet and blood sugar levels whilst district nurses administered the person's insulin.

Is the service caring?

Our findings

People we visited were very positive about their care workers and the agency as a whole. Comments people made included, "Brilliant; they are blooming good", "I can't think how they could improve; I am pretty pleased with them", and, "I can't fault them". Everyone said their care workers were friendly and caring. People also said care workers were respectful of their choices and preferences and would undertake small services to make sure people were left comfortable and prepared for the day.

On the first day of the inspection when we were in the office we were able to hear coordinators conversing with people on the phone. They were helpful, courteous and clearly knew each person individually, demonstrating that good relationships had been formed with people.

The compliments folder kept in the office had recent correspondence from relatives. Examples being; "The care provided to my mother, in my view, is excellent", "Just wanted to flag up that carer xxxx is superb", "Nurse Plus has been very kind and caring, they have been very flexible and try and accommodate".

Care plans included information about people's preferences, likes and dislikes. Care workers were aware of people's needs and how people wished to be supported.

People and/or relatives confirmed that they had been consulted about care and support plans and fully involved in making decisions about their care.

Care workers knew about requirements to keep people's personal information confidential. People confirmed that care workers did not share private information about other people with them.

People told us that care workers always respected their privacy and dignity. The agency sent birthday cards to people and 'thinking of you' cards to bereaved families. This showed they had a caring attitude and interest in people's happiness and well-being.

Is the service responsive?

Our findings

People were generally positive about the standard of care and support they received and felt the agency was responsive to their changing needs. One person wrote to us on our website and commented, "Wonderful care given and any problems or queries with my relative, they ring and let me know or ask what is to be done". Another person told us about how a recent fall had meant they needed additional support and a lunch time visit was arranged at short notice to meet their needs.

The registered manager or one of the care coordinators carried out an assessment of needs and completed risk assessments before a service was provided, to ensure that the agency could provide appropriate care and support. A care and support plan was then developed with the person (or with their relative) and this agreed before the package of care was started.

Care plans were up to date, person centred and clearly written with a step by step description of how care workers should support people at each visit. Plans also informed of what people were able to do independently, and what activities they would require support with.

People received a rota each week, which detailed the staff who would be supporting them for the week ahead and at what time they would be visited. People told us staff stayed with them for the full length of their visit and made sure they had given them all the support they required before leaving. Care records were written after each visit with the times and lengths of their stay. People we visited said workers usually arrived on time and this was corroborated from returned questionnaires. People said that if staff were going to be delayed for more than 15 minutes, they would be telephoned by the office and informed of this.

Staff learned from concerns or incidents. For example, earlier in the year a care worker missed a monitoring call to a person. To reduce likelihood of missed calls by learning from past mistakes, the registered manager had introduced a 'Missed Call' protocol. This showed the manager's commitment to making sure people received their planned service.

A complaints procedure, which was clear and detailed, was in place and each person received a copy within the information pack provided at the beginning of the contract. The registered manager had introduced a more robust system for recording all concerns not just written complaints to improve monitoring for improving and developing the service. Responses to surveys showed that people knew who to go to if they had a complaint. People told us they had confidence they would be listened to and their complaint would be fully investigated. The complaints log showed that complaints had been looked into and action taken to address any shortfalls.

Is the service well-led?

Our findings

People we spoke with told us they felt the service was well-managed and this was also reflected in the returned questionnaires with people saying they would recommend the service to others.

The registered manager promoted a positive, open and honest culture and provided a quality and personalised service to people. The agency was also supported by structures of the larger organisation supporting the branch manager. Staff had confidence in the management and knew who to approach if they had any concerns. Overall, there was good staff morale and positive approach that was appreciated by people who used the service.

Quality assurance systems were in place to monitor and improve the quality of service being delivered. People's experience of care was monitored through regular questionnaires, phone calls and regular reviews to check they were happy with the service they received.

Staff had a good understanding the whistleblowing policy, which was in line with current legislation. It contained contact numbers for the relevant outside agencies should staff feel they needed to raise concerns.

The registered manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

There was a system of audits in place to ensure a quality service was maintained. Examples of audits included, medication, health and safety, safeguarding adults, complaints and environmental risks in people's homes. The audits gave an overview of the service and enabled any trends to be identified and actions taken to address any shortfalls.