

Nurse Plus and Carer Plus (UK) Limited

Nurse Plus and Carer Plus UK Ltd


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 was announced and took place on 11 January 2016. Nurse Plus and Carer Plus is registered to provide nursing care and personal care services to people in their own homes. The service was registered with us in October 2013 however the registered activity of personal care commenced in November 2015. At the time of our inspection 11 people were receiving a personal care or

support from the service. Some people received personal care others received regular “sitting” visits at a time to suit them. This meant staff supported people at home while their family carer was absent.

Summary of findings

This is the first inspection of this service. Since 2013 the service had been supplying nurses and care assistants to care homes providing nursing and personal care. We did not inspect this aspect of their work which is not regulated by the Care Quality Commission.

There is 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 2008 and associated Regulations about how the service is run.

People and their relatives were very complimentary about the quality of the service provided and of the management and staff team. They told us the service was reliable and staff were polite and kind. People were kept safe and free from harm. One person told us "I do feel safe. They are reliable. They have not let me down once. " A relative said "I have no worries. I am very satisfied. They are very good. All is done as documented." People looked forward to visits from the staff and enjoyed time spent with them.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. People enjoyed having a team of regular staff who knew them well.

Staff received comprehensive induction training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People received a personalised service. When initial assessments were carried out attention was paid to finding out exactly what sort of support people required. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

There were systems in place to monitor the quality of the service and plan on-going improvements. The provider had developed corporate policies and procedures which were available to support this service. Regular visits and audits from the provider's staff was supporting the development of the regulated activity.

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?

The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse. Staff were trained in safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People who used the service told us they had regular staff and looked forward to them coming to support them.

Staff were respectful of people's privacy.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences which enabled them to provide a personalised service.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

People who used the service and their relatives felt the staff and manager were approachable and there were regular opportunities to give feedback.

Good



Summary of findings

Is the service well-led?

The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

There were systems in place to regularly check the quality of the service provided. Senior staff monitored the care delivered to ensure people were satisfied with the service they received.

Good



Nurse Plus and Carer Plus UK Ltd

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 of Nurse Plus and Carer Plus took place on 11 January 2016 and was announced. We told the provider before our visit that we would be coming. We did this because the registered manager and key staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. It was carried out by an adult social care inspector.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information

Return (PIR) which the provider completed before the inspection. The PIR 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 also reviewed information we received since the service registered.

This is the first inspection of this service. The service has been supplying nurses and care assistants to care homes providing nursing and personal care since 2013. They have been operational since November 2016. At the time of the inspection they were providing a range of support to 11 people.

During our inspection we spoke with the registered manager and the domiciliary care organiser, reviewed the care records of four people that used the service, reviewed the records for four staff and records relating to the management of the service. We phoned five people using the service and two relatives and visited one person in their own home. We spoke to three staff.

Is the service safe?

Our findings

People told us they felt safe receiving care and support from the agency. One person told us, “I do feel safe. They are reliable. They have not let me down once.” A relative said “I have no worries. I am very satisfied. They are very good. All is done as documented.” They said that when the service commenced they had been going in to check their relative had received care. They told us they now knew they could rely on the service and there were no issues about them arriving on time.

We visited one person who told us they were reassured by receiving support from a small team who knew them well.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people’s criminal history and their suitability to work with vulnerable people. Interview records showed potential staff were asked standardised questions and an assessment made regarding their suitability to work with people. Records confirmed staff had not been able to begin work at the agency until all checks had been carried out.

Staff had received training in safeguarding vulnerable adults. The manager informed us that any concerns regarding the safety of a person were discussed with their family, social worker and additional support from other services was provided as required. They gave us examples of action they had taken to keep people safe by working with other agencies. There was a comprehensive safeguarding policy in place which emphasised the importance of following the local authority safeguarding procedures.

There were arrangements to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. Records were made of all financial transactions which were signed by the person using the service and the staff member.

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving a service to carry out the care and support

required. Risk assessments were completed in relation to falls and the assistance people required to move. One plan contained risk assessments related to assisting the person to bathe and gave clear detailed guidance to staff regarding the person’s safety. Another plan contained risk assessments and guidance related to the person’s sight impairment. The plans emphasised the activities the person wanted to complete and how staff were to support them. Staff informed the registered manager if people’s abilities or needs changed and risks could be re-assessed. We saw care plans had been up-dated following changes in people’s risks.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the manager so that appropriate action could be taken. The service had a no response policy so when there was no reply at a person’s home action was always taken to ensure they were safe.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff told us there were people they visited regularly. They told us their rotas were well planned and there was sufficient time to get from one care visit to another. They said that if there were changes to people’s rotas due to illness or sudden absence they would cover calls whenever they could. The registered manager and home care co-ordinator were also able to provide additional back up support in an emergency. Staff and people receiving a service confirmed the service was safe because there were no missed calls.

The service was still developing and staffing levels were determined by the number of people using the service and their needs. The registered manager was careful to only start support to people when they were sure they could meet their needs safely. Staffing levels could be adjusted according to the needs of people using the service using a combination of guaranteed and additional staff hours.

The service had a comprehensive medication policy to support people receiving domiciliary care. The policy detailed the options available for people managing their medication. People were encouraged and supported to administer their own medications if they were able to. Staff were trained to assist people with their medication when it was required. After staff had received their training the Home Care Co-ordinator assessed their competency in medication administration. If people needed any specialised support such as administration of oxygen this

Is the service safe?

could only be provided after staff had been trained by a healthcare professional, such as a district nurse. The healthcare professional retained the responsibility for this area of the person's care.

The medication policy contained a procedure for managing any medication errors. The service had not had any medication errors.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs.

Staff attended a four day induction programme which gave them the basic skills to care for people safely and was specific to personal care in people's own homes. Staff were able to complete "shadow shifts" before they began to work on their own. New staff told us they felt they had been well supported after joining the agency and additional help had always been available. There were always senior staff on duty or on call to make sure help and advice was available to staff when meeting people's needs.

The registered manager arranged training for staff through an in-house trainer who delivered training when staff were able to attend. In addition to the mandatory training staff were encouraged to access additional training using distance learning courses. There was additional information about people's health conditions in their office care files. People could read for example about Parkinson's disease or Multiple Sclerosis and understand more about the support people needed. Staff were able to request training on any particular areas of care they needed. Senior staff also went out to provide care or assist staff when needed. This meant they had thorough knowledge of people's needs and the support they required.

Staff received regular supervision from the home care co-ordinator to make sure they were providing an appropriate standard of care and support to people. Staff were assessed working in people's homes against a standard observation sheet. People receiving the service also completed comment forms at the same time and these were kept in staff files. Staff called into the office regularly to collect rotas and to address any problems arising. The provider's formal appraisal system is being rolled out with staff this year. These gave staff an opportunity to discuss their performance and identify any further training they required.

Most people were able to make decisions about what care or treatment they received. We visited one person where staff asked the person's consent before they assisted them with any tasks. Throughout the visit the staff member checked the person was happy with the care.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff had received training in the Mental Capacity Act (MCA) 2005 as part of their safeguarding training. The registered manager had experience of providing support to people who had been assessed as not being able to make decisions for themselves. They understood the importance of working with other agencies to ensure care and support was delivered in the person's best interest. Each care plan contained details of who was responsible for making decisions about the person's care. When it was not the person themselves copies of legal documents showing the arrangements made by family members were included in the care files in the office.

Staff were matched to the people they supported according to the needs of the person and when occasionally a person expressed a wish not to be further supported by one carer this was acted upon.

Some people received help from the agency to maintain their nutritional needs. When their care commenced the arrangements to provide them with a diet that met their needs and wishes was assessed. This meant some people received meals from a family carer whilst others were independent following assistance with shopping. Some people had a regular lunch visit to provide them with a hot meal, some company and a check on their well-being. If people needed their food intake closely monitored there were systems and the appropriate forms in place to do this..

The agency ensured people using the service were able to access health and social care appointments. Most people had relatives to assist them however, staff were available to support people if help was needed. When a member of staff noticed a person was unwell they took action. After talking with them to establish their wishes they rang the office who spoke to relatives or arranged a visit from a doctor if appropriate.

Is the service caring?

Our findings

People who used the service were happy with the staff and they got on well with them. Everyone we spoke to was satisfied with the care they received and was positive about the staff. They told us staff were kind and polite to them. One told us, “They are very polite and kind. I like to have a laugh with them.” Another person said, “They are very reliable, very willing. All very good.”

A feedback form from one person receiving a service described a regular member of staff as “on my wave length. A very experienced and reassuring presence.” When we visited one person they told us about the laughter they shared with one carer. They told us the care staff knew them well.

People received care, as much as possible, from a regular team of care workers. When the care provision started people were introduced to staff, so when cover was required due to sickness or leave the person knew other staff who might come to support them. One relative told us, “We have X for about 80% of the time.” They told us their family member seemed to be happier and a different person since they had started to receive regular support.

Staff were respectful of people’s privacy and maintained their dignity. Staff announced their arrival in the house and knocked on the bedroom door. They were very careful to

protect the person’s dignity during personal care. Care plans emphasised the importance of promoting people’s independence and supporting them to carry out as much personal care for themselves as they were able to manage.

The majority of people who received support made their own decisions about the amount and timing of their care. Most people were funding their own care and had made the choice to use the agency. One relative told us how they and the person using the service had been involved in developing the care and support plan. They identified what support they required from the service and how this was to be carried out. They said the service communicated with them regularly to make sure everything was alright.

The registered manager and home care co-ordinator knew people receiving a service well. In people’s files there were “this is me” documents telling staff about the person’s background and interests. People received support from staff who knew them well. They told us they were able to talk to their regular staff. The home care co-ordinator visited people regularly and people told us they were able to talk to them.

The service was able to participate in the support people received at the end of their lives. They worked as part of a team with people’s families and specialist healthcare teams to enable people to remain in their own homes.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives. They, or their relatives were able to commission the services required. People were able to choose how much care and support they required and when it was delivered. People who needed minimal support appreciated the continuity of support provided by regular staff.

People received a sitting service which enabled their family carers to leave the home. One person was able to manage their personal care but required help with shopping and a visit to the park. They wanted the service to help them to live at home for as long as possible and to go out and be part of their community. Some people received support up to three times a day seven days a week. Others requested a regular weekly visit. The agency aimed to accommodate people's wishes by taking time to find out what support they needed. One person said, "I like seeing the same team. No strange faces. They know what they have to do."

Each person had their needs assessed before they received the service. People were always visited by the registered manager or home care co-ordinator. This was to make sure the service could meet the person's needs and expectations. The registered manager told us they listened to the person who wanted the service and talked to their family if appropriate. Following the initial visit care plans were developed outlining how these needs were to be met. The home care co-ordinator monitored new care services, reviewing the service after six weeks and carrying out "spot checks" to ensure people were satisfied.

Care plans were very detailed and personalised to each individual. They contained information to assist staff to provide care in a manner that respected their wishes. They

showed clearly the support the person needed. One plan showed how the person had received specialised care for a short period of time. This had helped them to recover and become independent again. There were detailed instructions to staff on how the person wanted their care delivered. The person had signed their care plan and agreed it had been discussed with them.

The staff responded to changes in people's needs and most documents were promptly up-dated. A new and detailed care plan for one person had been circulated to staff to ensure they were aware of the changes.

The service communicated with friends and family to support people. Some people lived with their family or they were close and involved with their care. The service worked closely with families whenever possible. When people had less contact with family they particularly appreciated talking with the care staff. One person said their care was "tailored to my need. They checked exactly what I wanted." Another person said they could have "a bit of a laugh with staff." They said they were easy to talk to.

The registered manager and home care co-ordinator sought people's feedback and took action to address issues raised. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People received a Service User Guide when their service began. This contained the agency complaints policy. People using the service and their relatives told us they were aware of the

complaints procedure and felt comfortable ringing the office if they had any concerns. There were out of hours contact details that enabled people to contact someone from 6:30am till 11pm.

Is the service well-led?

Our findings

The registered manager was responsible for all aspects of the service. At the time of the inspection the major part of the service was supplying staff to nursing and care homes. The registered manager had a clear vision of the service they wanted to supply to people in their homes. Their vision and values were communicated to staff through regular contact and often by going out and working with staff or meeting with people receiving a service. They told us they wanted to provide a good quality service of support for people who wanted to stay at home. They told us they were aiming for the sort of service they would like their parents to receive.

The manager was supported by the home care co-ordinator. They were responsible for assessing new clients, time-tabling of visits and all aspects of ensuring the service to people was running smoothly. They carried out visits to people's homes and were very knowledgeable about the needs of people and the service being provided.

Staff received regular support and advice from the manager and co-ordinator via phone calls and face to face meetings. One member of staff told us "I like this firm. They are always at the end of a phone. I can ring anytime of the day and I will always get an answer." Staff and people using the service told us they had the contact phone number if they needed to contact the service.

The registered manager encouraged staff to talk to them and worked closely with the Home Care Co-ordinator. Staff said the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

The service had a policy for appraisal, supervision and staff development. Staff could expect formal reviews every twelve weeks. The service had been established since November and records showed staff had received supervisions and monitoring visits. The comments of people receiving a service were included in the monitoring forms. One person said they were so happy to have continuity of staff and were very happy with their regular carer. Another person praised the punctuality of their carer and their good nature.

The registered manager was also the provider and had a clear vision for the service they wanted to supply to people.

Their vision and values were communicated to staff through regular contact and often by going out and working with staff or meeting with people receiving a service.

Staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Staff received regular support and advice from their manager via phone calls, texts and face to face meetings. Staff felt the manager was available if they had any concerns. They told us, "I know if I have any problems I have that support, that back up." They said the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

The documentation used during staff supervision had recently been reviewed to simplify the records and therefore was not available in all the staff records we viewed. We saw copies of the new documentation in two of the staff records we looked at who had received supervision more recently. The supervision sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. This included review of policies and procedures when required. The supervision sessions also gave staff the opportunity to raise any concerns they had about the person they were supporting or service delivery.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. The provider undertook regular audits and produced audit reports. Domiciliary care worker files, new service files and training records were some of the records checked by the

Is the service well-led?

provider's compliance team. We saw there where shortfalls in the records this had been identified and corrective action had been taken to improve practice. Each action had a dead-line for the completion of the work.

The registered manager kept their skills and knowledge up to date by on-going training and reading. The manager understood the importance of notifying the Care Quality Commission of all significant events which occurred in line with their legal responsibilities.