

# Nurse Plus and Carer Plus (UK) Limited

## Nurseplus UK - Swindon

### 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?          | Outstanding ☆ |
| Is the service responsive?      | Good ●        |
| Is the service well-led?        | Good ●        |

# Summary of findings

## Overall summary

### About the service

Nurseplus UK – Swindon provides a domiciliary care service to enable people living in Swindon and the surrounding areas to maintain their independence at home. There were 34 people using the service at the time of the inspection, who had a wide range of physical and health care needs. Not everyone who used the service received personal care. The CQC only inspects services where people receive personal care which is help with tasks related to personal hygiene and eating. Where services offer personal care, we also consider any wider social care provided.

### People's experience of using this service and what we found

People and relatives were delighted with the kindness and thoughtfulness of staff, which exceeded their expectations of how they would be cared for and supported. People and their relatives told us the support they received significantly improved their well-being. We saw examples of staff going the extra mile for people, for instance taking extra steps to communicate with people in their native language or assisting people in a hospital environment. In the opinions that people and their relatives shared with us, both staff, and the care they provided to people were exceptional.

People were safe. There were enough staff to meet people's needs. Staff were aware of their responsibilities to report concerns and understood how to keep people safe. Individual risks were identified, and staff had risk management guidelines to rely on and used these to inform the support they provided to people. People received their medicines as prescribed.

People had their needs assessed prior to receiving care to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. We saw that referrals for specialist advice were submitted in a timely manner.

Systems and processes were put in place to help ensure people were safe and the care they received was delivered by suitably trained staff, and based on best practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and acted in their best interests; the policies and systems in the service supported this practice. People were supported to access health professionals and maintain a good diet.

People were treated with respect and their dignity was maintained. People were also supported to maintain their independence. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity.

Care records contained clear information covering all aspects of people's individualised care and support. Information about people was written in a respectful and personalised way.

Regular checks were completed of records, and feedback was collected from people, their relatives and staff. These helped ensure the service was able to act on any need for improvement.

People, relatives and staff were complimentary about the management of the service. The registered manager had promoted a positive, transparent and open culture where staff worked well as a team. The provider had effective quality assurance systems in place which were used to drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 22 June 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Nurseplus UK - Swindon

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and one 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or the registered manager would be in the office to support the inspection.

The inspection activity started on 13 June 2019 and ended on 18 June 2019. We visited the office location on 13 June 2019. On 13 and 14 June 2019 we contacted people and their relatives to obtain their opinion on the quality of the service provided to them. We contacted staff on 18 June 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and six relatives of people about their experience of the care provided. We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, was reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate the evidence found at the inspection. We looked at additional evidence provided by the registered manager and we contacted four members of staff to obtain their opinion on the quality of the service provided to people.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement At this inspection this key question has now improved to Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us, "I do feel safe, the carers are very good". One person's relative told us, "We have no concerns at all. They are good. If the carers have any concerns about my relative, they will point them out to me straight away".
- People were supported by staff who regularly updated their safeguarding training. Staff told us they knew how to recognise, and report abuse and felt confident they would be listened to.
- The service had systems in place to investigate and report concerns to appropriate authorities.

Assessing risk, safety monitoring and management

- Risks to people's individual needs were assessed, recorded and managed. These included: skin integrity, stroke, urinary incontinence and environmental risk assessments. There were protocols related to people's individual needs for staff to follow. For example, a protocol for a stroke, a hyperglycaemic episode, using eye drops or application of an external catheter.
- Risk assessments were regularly reviewed, and necessary changes were made. There were systems in place to ensure that staff were kept up-to-date with changes to care plans so they continued to meet people's needs.
- The provider had a system to record accidents and incidents, and we saw appropriate action had been taken where necessary.

Staffing and recruitment

- Recruitment practices were in place and records showed appropriate checks were undertaken to help ensure only suitable staff were employed to keep people safe.
- Some people and their relatives told us that although there were generally enough staff, the service sometimes struggled to provide quality care in cases of unexpected absences of staff. One person told us, "They are such nice girls, they work so hard, especially if someone is sick or on leave. There are enough staff until someone goes sick and they are all overworked". The registered manager told us that plans had already been prepared to prevent this from recurring in the future. The service was in process of obtaining references for new starters during our inspection.

Using medicines safely and preventing and controlling infection

- Staff had received training and competency checks before they were able to administer people's medicines.

- Records were kept of medicines staff administered. These were checked regularly to help ensure any errors were identified and relevant actions were taken to reduce future errors.
- Staff completed training in infection control. Staff told us they had access to protective personal equipment.

#### Learning lessons when things go wrong

- We saw that the service had an incidents book and there were systems in place to ensure that issues were consistently reported, investigated and followed up to ensure there were no ongoing concerns.
- We saw from records that the service had dealt appropriately with a concern and put measures in place to reduce the risk of recurrence.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and a care plan drawn up before people received a service.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, staff could meet those needs.

Staff support: induction, training, skills and experience

- People and their relatives told us they thought staff were knowledgeable and well trained. One person told us, "I think they know what they are doing, and they are all are nice". One person's relative told us, "The carers are well trained to use the eye gaze. My relative needs to be familiar with a carer, he has to get to know them. It takes a long time for him to accept them. They are trained in every aspect, even in Peristeen system for incontinence. I am also trained, I am very happy with it. I oversee them until I am happy they can do it. They are very trustworthy and dedicated".
- New staff completed an induction and shadowed existing staff. They were then assessed and signed off by senior staff to help ensure they were competent before working alone.
- Staff received initial and ongoing and specialist training relevant to their roles, and specific to people's needs. For example, training in a bowel irrigation system.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans contained information about their dietary needs. For example, records stated a person had diabetes and there was advice regarding this.
- People said staff knew what food and drinks they liked and disliked. They confirmed staff offered choice and always left any food or drink to hand, as required by the person, before leaving. One person told us, "Yes, they ask 'what are you having tonight?' They make it and bring it in on tray". Another person told us, "A while back we had to put him on extra dairy, which didn't suit him, and a carer suggested to try half milk and half water which was better for him. I take a lot of their advice".
- Staff had completed training in food hygiene and in percutaneous endoscopic gastrostomy (PEG) items which are used when people receive nutrition through a tube in their stomach.

Staff working with other agencies to provide consistent, effective, timely care. They supported people to live healthier lives and access healthcare services.

- Some people using the service had complex health conditions. Their care plans contained information

about these, including signs and symptoms to watch out for. This ensured staff knew when people's condition may be deteriorating and when to seek medical help.

- Care records included details of GPs and other relevant health professionals involved in people's care. They also included details of people's medical history and how staff were supposed to support people to manage their health.
- Various professionals were involved in assessing, planning and evaluating people's care and treatment. This included GPs, occupational therapists and NHS trust professionals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People and their relatives confirmed that staff obtained consent for people's care and support. One person told us, "Yes, they do what I ask. They come in and ask if I am alright, what they can do for me today and if there is anything else I need. They understand my situation and needs".
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated Good. At this inspection this key question has now improved to Outstanding.

Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong, visible person-centred culture. The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. One person's relative told us, "They all go out of the way to make him happy from day to day introducing films, music, reading and sharing everyday happenings with him. When we take [person] out anywhere, they always help and assist us to make it the best experiences for him and us, his parents. On occasions [person] has been unwell just as they were going home. They have always stayed to help me to sort out the problem, make [person] comfortable and settled before they leave me or him. They do this because they care".
- The relatives of the person mentioned above told us that staff cared for them and the person in a way that exceeded their expectations. Staff demonstrated a real empathy and helped the person to be assisted in a hospital environment. The relative of the person told us, "When staying in a hospital, they went out of their way, far beyond what they had to do. Adding an extra hour more to get to hospital and back again with [person's] dad driving them back forth, to be by his side to assist with his care as they understood how frightened [person] would be if he had to have strangers like hospital staff to care for him. It takes a lot of training over a period of time to be able to have this expertise".
- Staff spoke positively of their roles and demonstrated commitment to provide care which was personal, kind and compassionate. Staff had developed caring and respectful relationships with people. A member of staff told us, "When I first met [person], after talking to him we realised we were both from London and from nearly this same area. He was saying that he really missed the meal of pie, mash and liquor which is a proper London meal, he had not had it for nearly 20 years. I went down to meet some of my family in London and coming home I picked up a tub of liquor for the [person]. I was going to support him the following day, so I took him a tub. [Person] was so happy he said this had made his year".
- The service developed creative ways of reflecting people's personal histories and cultural backgrounds and staff were matched with people's interests and personalities. A member of staff told us, "I look after a lady whose first language is Punjab. [Person] understands but does not speak much English. I've learnt a small amount of words in Punjab and I have learnt to count in Punjab to accommodate [person] as this is her first language. When I see [person], I always say 'hello' in Punjab and ask her how she is in Punjab. [Person] feels very happy about this and she always smiles. When we usually help a person to stand from their bed, we count in English one, two, three, four, five but I have learnt to count in Punjab ick, doo, tin, cha, punj and [person] joins and counts with me".
- People and their relatives all agreed the staff were respectful, kind and courteous. One person told us,

"They are all kind and take their time with me. They are really good. Never rush you, they take their time". Another person told us, "They say they like coming here and when I was crying, she (carer) gave me a hug".

- People's religious beliefs were recorded and respected. The service supported a person who had a priest come to give communion on a regular basis. This person also stated in their care plan that when the time comes the priest must be contacted to perform last rites.
- Values such as equality, diversity, human rights as well as respect for people's privacy and dignity were well embedded in the service. Good practice examples showed positive outcomes for people in line with this.

Staff told us they felt supported by the provider regardless of their age, religion, nationality, race or sexual orientation. A member of staff told us, "I have been working for Nurseplus for a fair number of years now and as a member of the LGBT+ community have felt supported and able to be open in regards to my sexual orientation". Staff supported people living in same sex relationships. A member of staff told us, "This does not change my professional relationship that I have when supporting my clients and I do not see my client any different to our other clients that I support in any way".

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

- People and their relatives told us they were involved in planning people's care. One person told us, "I had my care plan reviewed a little while ago by the area manager. She gave me a number to contact if I have any problems. It is nice to have that".
- We were told that where required, information would be provided to people in a format accessible to them. For example, care plans would be available in large print, foreign languages and, if appropriate, Braille. Staff told us they explained procedures to people to help them make informed decisions.
- People and where appropriate their relatives were involved in regular reviews of people's needs to ensure the support and care they received was meeting their preferences and decisions.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed staff respected people's privacy and dignity. One person told us, "They always knock and wait to be asked in. They also have the number of the key safe, they let themselves in and shout up the stairs and give their names". One person's relative told us, "They always close the curtains. The carers say, 'we are changing him at the moment' and I stay out the room".
- Staff promoted people's independence. A member of staff told us, "I encourage them to do as much as they are able. I involve them in everyday decisions, like choosing their own meals or social activities". One person told us, "They encouraged me to do various things and it was always upbeat (cheerful). They make suggestions how I can help to exercise". Care plans guided staff to encourage people to do what they could for themselves.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good At this inspection this key question remained Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual care plans in place which reflected their current needs including the actions staff should take to support people meet their intended outcomes and goals.
- People's social interests, activities they enjoyed doing either at home or in the community were documented. For example, it was recorded that trains were one person's hobby and there was a list of the person's favourite TV programmes and series.
- People's likes and dislikes were well known to the staff team and were highlighted in people's care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recognized. Care plans identified recorded and flagged any communication needs such as poor eye sight or hearing loss as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. The service had responded appropriately to any issues. Learning took place as a result to avoid any repetition.
- People knew how to make a complaint and were confident that they would be listened to. One person told us, "I had one carer who had more problems than I could have ever had. I reported her, and she never came back". One person's relative told us, "I have complained, the office was good and took action. I complained about one of the younger carers, they soon took action and haven't seen her back".

End of life care and support

- The service was not supporting people who were on palliative or end of life care. The registered manager said they would work alongside other health professionals if care was needed in this area.
- There were systems in place to record people's advanced wishes. These included funeral arrangements and people's choices regarding resuscitation in the event of a cardiac arrest.
- Staff told us people's advanced wishes would be respected.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good At this inspection this key question remained Good

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had their daily presence at the service felt, and they led by example.
- People and their relatives told us that the service was well-led. One person told us, "[The registered manager] is very good. I could go to her if I have problem". One person's relative told us, "I have met the manager, she is very nice and says to ring her anytime. It is really lovely".
- Staff told us the service was managed well and the registered manager made themselves available to provide support if needed. A member of staff told us, "The culture of the service is brilliant. Everyone takes good care of the clients and we always do what we can to help each other and the clients in any way we can".
- The service planned and promoted person-centred, high-quality care and good outcomes for people. Compliments received showed this was evident and appreciated by people and their relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff understood their roles and responsibilities. A member of staff told us, "My duties as a care assistant are assisting clients with personal care tasks, such as washing, dressing, eating and toileting. I observe, monitor and record clients' physical and emotional well-being, and promptly report any changes to senior staff. The care assistant role also includes getting to know clients personally and providing them with emotional support and company, which contributes positively to their well-being".
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the office and on the provider's website in line with our requirements.
- The provider had quality assurance systems in place which were used effectively to monitor key aspects of

the service. The management team completed audits and checks on a regular basis and acted to improve the service.

- Regular checks helped identify where improvements could be made to the service or to an individual's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were asked for their views on the service.
- The registered manager told us they valued their staff and recognised good performance. There was an incentive 'Carer of the month' scheme where carers were awarded for going above and beyond and picking extra shifts due to unforeseen circumstances. This was well received by staff.
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings.
- The registered manager said she had an 'open door' policy and said staff knew she would be available to listen to any concerns of staff and to provide solutions to address these.

Working in partnership with others

- People's care plans clearly stated advice from other professionals. Staff were aware of this information and knew how they should support people in line with it.
- Staff worked with many external parties, including local health and social professionals. Feedback gained during and after the inspection confirmed this cooperation had proved to be effective. One professional commented, "Nurseplus are a very responsive organisation. They are amongst the most successful providers in the marketplace in relation to commencing packages of care quickly and safely".