Nurse Plus and Carer Plus (UK) Limited

Nurse Plus and Carer Plus (UK) - Colchester

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 the 21 June 2016 and was announced.

Nurse Plus and Carer Plus (UK) Limited is registered to provide personal care and nursing care to people living within the community. At the time of this inspection nursing care was not being provided to people in their own homes. There were 18 people receiving personal care from the service.

The service had a manager registered with the Care Quality Commission (CQC). 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.

We received positive feedback from the majority of people we spoke with who used the service and their relatives. People told us they were supported by regular staff who provided consistency of care and they were treated with dignity and respect with no concerns about their safety. Everyone we spoke with expressed their satisfaction with the way the service was managed and the care and support provided by staff.

Care and support plans provided staff with detailed guidance to enable them to support people according to their assessed needs. People's wishes, choices and preferences about how their care was delivered were outlined and people told us staff respected their wishes.

People's likelihood of harm was reduced because risks to people's health, welfare and safety had been assessed and risk assessments produced which guided staff in how to mitigate these risks and keep people safe from harm. However, support plans including risk assessments in relation to the management of people's medicines were not always sufficiently detailed or accurate.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system. This meant that people could be assured action had been taken to check that newly appointed staff had the necessary skills and had been assessed as safe to provide their care and support.

There were enough qualified, skilled and experienced staff to meet people's needs. People received care from a staff team that treated them with kindness and were mindful of protecting their rights to choice, dignity and respect.

Staff were supported with a planned induction and ongoing training opportunities. However, access to regular team meetings was sporadic.

The culture of the service was open, transparent and focused on the needs of people who used the service. Staff were supported by the management team who they described as hands on, supportive and approachable. The provider had systems in place to enable staff to access advice and emergency support out of hours.

People found the management team responded promptly to any concerns. People were provided with opportunities to express their views regarding the quality of the service, through satisfaction surveys and regular visits from coordinators to review of their care.

The provider had quality assurance monitoring process and systems in place to monitor the quality and safety of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Care planning and risk assessments in relation to the management of people's medicines were not always sufficiently detailed or accurate. The provider's medication administration policy did not provide staff with clear guidance with this regard.

Staff were provided with training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures to guide staff in how to report concerns appropriately.

The provider's recruitment procedures demonstrated that they operated safe and effective systems.

Is the service effective?

Good

The service was effective as staff received training relevant to their roles and responsibilities.

People were asked for their consent before they received care.

Staff supported people to have enough to eat and drink.

People were supported to access a range of healthcare services.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and empathy.

People received care that was respectful of their need for privacy and dignity.

People were supported to make decisions about how their care was delivered.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed prior to commencement of the service and were involved in the development of their care plans.

Staff listened to people and responded to their wishes. People knew who to complain to and were confident their concerns would be responded to appropriately.

The provider had a system in place to manage complaints, assessed people's views and reviewed people's care effectively.

Is the service well-led?

Good

The service was well led.

The culture of the service was open, inclusive and centred on promoting the quality of life for people.

Staff understood their roles and responsibilities and were supported well by the management team.

The manager and provider recognised that further work was needed to establish systems and processes to ensure regular quality and safety monitoring to mitigate potential risks to people and ensure planning for continuous improvement of the service.

Nurse Plus and Carer Plus (UK) - Colchester

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 the 21 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service where people in the office may not be in the office during the day; we needed to be sure that someone would be in.

This inspection was carried out by one inspector.

Before we carried out our inspection we reviewed the information we held about the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

We spoke with seven people who used the service both prior to our visit on the telephone and following our visit. We also spoke with people during our visit to people's homes alongside staff. We spoke with three staff, one of the two coordinators employed, the compliance manager and the audits assistant.

We reviewed six care and support plans, medication administration records, three staff recruitment files, staff training records and records relating to the quality and safety monitoring of the service.

Requires Improvement

Our findings

All of the people we spoke with told us they felt safe with all of the staff who supported them. One person said, "They are alright towards me. Yes I do feel safe with all of them." Another told us, "They have been really good so far." One relative told us, "The person they have sent gets on well with my [child] and it works well. I have no concerns."

We noted from a review of staff handbooks and the policies and procedures available for staff that the provider had a whistleblowing policy in place. This policy provided guidance for staff in relation to actions they should take in safeguarding adults from the risk of abuse. As part of their induction staff told us they received training in awareness of what constituted abuse and what steps they should take to respond to any allegations of abuse. One member of staff who had received this training told us, "I would report anything I was worried about to the office." The management team demonstrated their knowledge in reporting concerns to the local safeguarding authority for investigation if required.

We looked at medication administration records (MAR) for two people in the community and copies of other people's records held within the agency office. We saw that apart from some gaps in MAR records these had been completed appropriately. People were satisfied with the staff handling of their medicines and told us they received their medicines in a timely manner.

Personalised risk assessments in relation to the management of people's medicines were not always sufficiently detailed or accurate. Care plans did not always clearly state what support people required with their medicines and staff were unclear about the level of support they should provide. For example, where a care plan record guided staff to 'prompt' a person to take their medicines, it was evident from our observations and discussions with people and carers that staff were actually administering medicines to people. Staff did not always demonstrate a clear understanding of the difference between prompting, assisting and administering people's medicines. The provider's medication administration policy did not provide staff with clear guidance with this regard. We discussed this with the Compliance manager who told us they would take action to rectify this.

There was a variation in the quality of information provided within risk assessments. Risk assessments had been produced for a range of situations. For example, when supporting people to mobilise safely, protocols for managing seizures for people with epilepsy and risks for staff associated with working in a family home environment. Staff and the coordinators demonstrated their understanding of what measures were in place to mitigate any risks to people's health, welfare and safety. Moving and handling plans were limited in the

information provided to guide staff in the safe use of equipment. For example, moving and handling plans did not provide sufficient detail describing the type of equipment to be used, such as hoists and including the type of slings to be used which would describe selecting the correct hoist sling loop appropriate for the individual. If the wrong loop was used this could impact on the safety of the person in the sling and put them at risk of injury. Clear guidance was needed to inform staff of how to reduce the potential for risk of harm from the incorrect use of equipment in accordance with people's assessed needs.

The provider had a system in place for logging and responding to any missed calls. The coordinator told us they had experienced only one missed call within the last six months. The compliance manager told us analysis of missed calls was carried out by the provider across the organisation to monitor trends and plan action steps to ensure monitoring and improvement.

The provider had procedures in place to guide staff in the event of emergencies. Accidents and incidents were recorded and analysed by the provider. Staff were supported out of hours with an on call duty rota where they could access support and advice when required. One member of care staff told us, "They are always available when you need them. The coordinators are supportive and easy to get hold of."

There were sufficient numbers of suitably qualified staff to meet people's needs. All but one of the people we spoke with told us staff never missed a call. We noted from discussions with people and a review of records that the provider committed to inform people if staff were running either early or late for 30 minutes either side of this. People told us they were sometimes informed but not always. Staff and the coordinator told us that there were enough staff at the present time balanced with the allocation of care hours provided to ensure that all visits were covered efficiently.

When asked if staff stayed their allocated time people told us, "They [care staff] don't always stay their full time. They tell me they have to get to the next person so leave with enough time to get to the next one", "They are really good but I don't always watch the clock and time them", "We have not had any problems", "Some of them [care staff] ask you if there is anything else they can do for you before they leave" and "Some don't stay the full time. We used to sign a sheet but we don't get asked to do that any longer."

People told us they were provided with a weekly schedule which informed them of the allocated time for their calls and the carer allocated to them. People told us they appreciated being provided with this information. However, when asked if they were notified of any changes to their allocated carer, they told us they were not notified of these changes.

The provider had established and operated effective recruitment procedures. This ensured that staff employed were competent and had the skills necessary for the work they were employed to perform. We looked at the staff recruitment records for three staff recently appointed. Recruitment records showed that the provider had carried out a number of checks on staff before they were employed to work alone with people. These included checking their identification, health, conduct during previous employment and checks to make sure that they were safe to work with people who may be vulnerable due to their health and circumstances.

Good

Our findings

People told us they were satisfied with the care and support they received. They told us that staff had the skills to meet their needs. One person said, "The carers are [expletive] marvellous. The staff in the office are also very good, they keep me up to date and visit me to check everything is OK." Another said, "They look competent to me. When anyone new starts they come and introduce themselves to you and the other staff show them the ropes so they know just what to do."

Staff were supported with access to two coordinators who they told us regularly worked hands on, alongside them, to cover when staff were on leave. This they told us gave them regular opportunities to discuss any concerns that they might have with the coordinators of care. The management team carried out regular work performance, spot checks. During these visits care staff work performance and competency was assessed. During these visits discussions took place with people who used the service to check the quality of the care staff provided and to assess their views and review care plans. We saw that records of these checks had been maintained.

Discussions with staff and a review of training records showed us that staff had received training in a variety of subjects relevant to the roles that they performed. Newly appointed staff told us they had benefitted from a comprehensive induction programme. This included four days of office based training. This training included emergency first aid, safe food handling, safeguarding people from the risk of abuse and safe procedures for moving and handling people. Staff had also received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards. This meant that staff had been provided with the required knowledge to identify when a person without capacity needed specialist support to ensure that their best interests were protected and their human rights upheld.

Staff also told us after their initial training they worked alongside other staff shadowing them to get to know people and become familiar with their care and support needs for half a day. The compliance manager told us that there was an expectation that all staff attend as and when required quarterly staff meetings, one to one supervision meetings with their line manager and annual appraisal meetings. However, staff told us and the provider confirmed that during the initial period of training they were not paid for their time to attend this training and neither were they paid for their time to attend staff team meetings, supervision and appraisal meetings. Staff told us that the non-payment for attendance at meetings did on occasion's impact on their ability to attend. We reviewed minutes of the most recent staff meeting which was held in March 2016. We noted that staff meeting minutes did not record a list of attendees and so our ability to ascertain

how and if the impact of staff not being paid for their time impacted on their attendance.

We observed during our visits to people and people told us they were asked their consent before they received care. Care staff demonstrated how they asked permission before doing anything for or with a person when they provided care. Staff told us how they supported people to make decisions. For example, when offering food, drink and support with personal care.

People were provided with a choice of what they ate and some chose to receive support from care staff with the heating up of pre-packed meals. During our visit to people we observed staff offering and checking to ensure people had access to drinks. People told us they were satisfied with the support they received from staff and were consulted as to their choices, wishes and preferences in how they received support to adequate nutrition and hydration. Staff recorded in people's daily log the choices people had made and the food and drink consumed. Where staff had concerns that people were at risk of inadequate nutritional intake, they reported this back to the office staff who would take action to inform relatives or health professionals.

Some people were able to manage their healthcare independently or with support from their relatives. Staff recorded the support that they provided at each visit and other relevant observations about the person's health and wellbeing. People's records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example, GP's, community nurses and occupational therapists.

Good

Our findings

Everyone we spoke with told us the care staff were kind, caring and considerate in their approach towards people. Feedback was consistently positive about the standard of care they received. One person told us, "They are all kind. They always check if you are alright and if you need anything before they leave you." Another said, "There is not one who has not shown me consideration and kindness, I have no complaints."

Staff were knowledgeable about the people they cared for and spoke with empathy and were respectful when referring to people. People and their relatives told us that staff were kind and caring in their approach, sought their consent before supporting them with their personal care and considered respectfully people's wishes and preferences in how they lived their lives.

People told us that staff respected their dignity when providing them with their personal care support needs. One person told us, "Well you get to a time in your life that you never thought you would have to live with, having to rely on people to wash and dress you, but they treat me well." Another said, "They talk to you and tell you what they are doing and ask your opinion on what you want."

People told us they had been fully involved in making decisions in the planning of their care. They said they had been given information on a weekly basis which recorded the scheduled times for their visits with details of the member of staff allocated to them on each occasion.

People told us that they were sometimes informed when staff would be running late. One person told us, "They are considerate of your needs. We know that they have half an hour each side of the allocated time but the traffic is so bad around here they can't help being late sometimes. They do their best to get here on time and always apologise if running late." Another said, "I have a copy of my care plan. The office staff come and check if everything is alright and check that you are happy with things."

We spent time visiting people in their homes alongside staff. We saw that staff approached people in sensitive, respectful manner, requested consent prior to support being provided and interacted positively with people. Staff explained before they attempted to support with personal care and took steps to protect people's dignity and respected their choices and wishes.

Care plans we reviewed were oriented towards recognising people's choices and supporting their independence. For example, one care plan we reviewed described for staff how best to support the person

with complex health care needs, describing in great detail their wishes and choices with regards to support with their personal care. Staff were provided with guidance in how to support people in a kind and sensitive manner. For example, in respecting how people liked to be addressed, how to support people with dignity when providing personal care and when responding to people who presented as anxious. We were therefore assured that staff had been trained appropriately and had received the guidance they needed to support people in a caring and dignified manner.

Staff and the manager were aware of their responsibilities to protect people's confidentiality. They understood they were bound by a legal duty of confidence to protect people's personal information. People's records located in the location office were maintained securely.

Good

Our findings

People told us that the care they received was personalised and responsive to their needs. We asked people if the support they received met their needs and whether any changes to their care arrangements were required. People told us they had been involved in the planning of their care. They gave us examples of when staff had responded to their changing needs. For example, when adjustments had been made to the timing of their support visits due to their need to attend health care or other appointments. This meant that where possible care was provided in a flexible way in response to people's needs.

There was a variation in the amount of information provided and the quality of care planning, including risk assessments and guidance for staff to protect people from the risk of harm. Care plans were personalised and comprehensive in detail. Care plans were written in a manner which oriented towards recognising people's choices and supporting their independence. Some detailed how people chose to be addressed and how they chose to live their daily lives.

Staff recorded in a daily log the care and support they provided which was kept in the person's home. Staff described how the person was feeling, the food prepared and any contact with others such as healthcare professionals included any pharmacy support in the management of people's medicines.

Everyone we spoke with was satisfied with the way care was provided. Staff were knowledgeable of people's needs. They described how they worked to ensure that people remained in control as far as possible and described how they supported people to express their choice and maintain their independence by encouraging them to do as much as they could for themselves with staff support. This demonstrated that people were receiving care and support when they needed it whilst maintaining their autonomy and encouraging their independence.

People received their support from regular care workers. They told us that when new staff had been employed to work in the service they had been introduced to them and shown what was needed to support people to have their care and support needs met in a consistent manner.

Care reviews and spot checks on staff were carried out on a regular basis. We noted that these gave people opportunities to feed back their views about the quality of the care they had received and opportunities for people's care package to be reviewed and care plans updated to reflect people's changing needs.

People told us they had confidence in the provider to respond to any concerns they might have. They found

the management team responded promptly to queries and concerns. One person said, "They are very good in the office. We can always talk to someone if we have a problem. They also come out to see you fairly often."

There was a formal system in place for responding to complaints. The complaints procedure guided people in how to raise any concerns or complaints they might have with timescales for a response. The compliance manager told us that information guiding people as to the provider's complaints process was provided to people at the commencement of their care service within the provider's service user guide. However, we found when visiting people in their homes that not everyone had been provided with access to this information. The provider told us that there had not been any formal complaints since the service was registered in 2015.

Good

Our findings

The service had a manager who was registered with the Care Quality Commission (CQC). The culture of the service was open, transparent and focused on the needs of people who used the service. People told us the two coordinators who managed the day to day care regularly worked hands on alongside staff to cover for any staff shortages and knew them well. They told us they found the management support was approachable and available when needed. They were confident that they would respond to any questions or concerns they might have.

People and their relatives were complimentary and expressed their satisfaction with the quality of the service and the management support provided. For example, "I can always speak to someone if I am unhappy or if things change and I need additional support. They always ask me if I need anything else. I get visits from people in the office and they ask me if I am happy with the care the girls [staff] give me."

Staff spoke highly of the management support they received. They described the service as a, "Good place to work." Also, "The coordinators are very supportive and always available when you needed them especially out of hours when they answer the phone quickly."

The care coordinators carried out regular quality and safety audits which included a review of people's care and support plans, medicine's management and an assessment of risks to people's safety including a review of the environment. They worked with other professionals including occupational therapists and health professionals to ensure that equipment and additional health care support was provided in a timely manner.

The provider also carried out regular service reviews. We reviewed the most recent reports which showed us that the quality and the safety of the service was monitored. Where any shortfalls had been identified action plans were put in place with timescales for action to be completed to ensure effective planning for continuous improvement of the service. For example, where care and support plans required updating, assessment of risk, staff training and policy updates.