

Nurse Plus and Carer Plus (UK) Limited

Nurse Plus and Carer Plus UK Ltd

Inspection report

4 Westmarch Business Centre
River Way
Andover
Hampshire
SP10 1NS
Tel: 01246 335007

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection.

The service provides care and support to people living in their own home. This may include personal care, help from staff to ensure people are eating and drinking enough, support to move position if people are at risk of skin damage, cooking and help with organising healthcare appointments.

Summary of findings

The provider did not have effective arrangements in place to support staff with their personal learning and development. Records showed staff had regular meetings with their manager to discuss learning; however, they did not demonstrate plans were in place to develop their knowledge and skill set.

There is a registered manager at Nurse Plus and Carer Plus UK Ltd. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff were able to identify the different signs of abuse and were knowledgeable about the services protection processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Notifications received by CQC and discussions with the local authority safeguarding team confirmed this.

Staff received training appropriate to people's needs and they were regularly monitored by a senior member of staff to ensure they delivered effective care. Staff told us the training provided helped them to deliver safe and effective care.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with people to

ensure their choices and decisions were respected. People told us they were able to make their views known and staff respected their decisions. They told us staff asked for permission before delivering care.

Relatives and healthcare professionals told us staff engaged with people effectively and encouraged them to maintain their independence. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time. Staff showed good understanding about people's interests.

Records showed staff reminded people to attend various health related appointments. Examples of these included visits to see the GP and hospital appointments.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place regularly or when someone's needs changed. Relatives told us they were involved in reviewing their family members care.

The provider had effective arrangements in place to deal with complaints. Relatives told us any concerns raised were dealt with efficiently. People told us they were regularly updated with the progress of any complaints made.

There were clear lines of accountability and staff understood their responsibilities. Each member of staff provided us with a clear description of what was expected of them in their role.

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 enough qualified and skilled staff to meet people's needs. Staff were recruited appropriately and were subject to safety checks before they started work.

Risks were assessed and managed effectively and provided clear information for staff to follow. Staff understood what abuse was and knew how to report abuse if required.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). People told us they were involved in making decisions about their care and support.

Good



Is the service effective?

The service was not effective. Documentation relating to the ongoing personal development of staff was not always completed and objectives set were not always reviewed.

People were encouraged to eat and drink sufficient amounts. Records showed staff monitored people's health and reminded them to attend appointments.

Staff received a comprehensive induction into their role before they started work. They had undertaken training specific to people's individual needs.

Requires Improvement



Is the service caring?

The service was caring. People were treated with kindness and compassion and their dignity was respected. Care was centred on people's individual needs. Staff knew people's life histories, interests and personal preferences well.

People were supported to build and retain independent living skills.

Good



Is the service responsive?

The service was responsive. People were supported to make decisions about their care and support as far as possible. People using the service, their representatives and staff were encouraged to make their views known about their care and support.

People's needs were assessed and regularly reviewed. People and their relatives were encouraged to provide feedback and were supported to raise complaints, if they were dissatisfied with the service provided.

Good



Is the service well-led?

The service was well-led. Arrangements were in place to monitor the safety and quality of the service and to get the views of people about the quality of the service.

Good



Summary of findings

Staff told us they felt supported by their line manager and records showed they had good opportunity to express views about how to improve the service.

Care and support was provided by a consistent team of care staff who knew people well. Staff had the necessary knowledge, skills and experience to meet the needs of people.

Nurse Plus and Carer Plus UK Ltd

Detailed findings

Background to this inspection

This inspection took place on 14 and 15 August 2014.

The inspection team consisted of an inspector and an 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.

Before the inspection, we asked the provider to complete 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. We took this into account when we made the judgements in this report.

We spoke with 12 people, five care staff, two care coordinators, an operations manager and two senior members of staff. We reviewed the care records associated with 10 people, looked at staff duty rosters, eight staff recruitment files, staff support and supervision records, provider quality assurance audits, feedback questionnaires

from people, relatives and professionals. We looked at policies and procedures relating to complaints, risk assessments and nutrition and checked daily records relating to the care people received

Following our visit, we telephoned three health care professionals to consult with them about their experiences of the service provided to people.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they were cared for by staff who treated them with respect and kept them safe. One person said: “I feel safe and content”. Another person said: “We have a wonderful relationship with the girls (care workers) and they always make me feel relaxed”. Relatives described the staff as “trustworthy” and “safe”.

Staff knew the importance of disclosing concerns about poor practice or abuse and were knowledgeable about the organisations protection policies. Records showed they had undertaken training in how to recognise and report abuse. A support worker explained they found the training useful in being able to understand the organisations reporting process when abuse was suspected. They said: “As a new starter I found the safeguarding training really good. I learned I could contact CQC and the local authority if I felt my manager was not dealing with things properly”. People were encouraged to raise concerns and consistently told us they would contact the office if they felt they were being placed at risk. One person said: “I have never had anything to worry about, they are gentle with me when helping me with my personal care but I do know how to complain”.

People told us there were enough staff working with the organisation to consistently meet their needs safely. The operations manager told us the staffing numbers were based on the needs of the people and were frequently assessed. They told us office staff were able to provide cover at short notice as they had been appropriately trained and knew people’s needs. People told us staff were knowledgeable as to what care was needed to keep them safe and were professional and well trained for the role.

The organisation had safe recruitment procedures in place. Staff had been checked to ensure they were of good character before being employed by the agency. Records showed staff were subject to a security check with the Disclosure and Barring Service (DBS). The DBS help employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. Support workers told us they were asked to provide two references and identification when applying for the job. One support worker said: “I was asked a lot of different questions at my interview and they asked me questions about abuse and if I knew what it was”.

Staff respected people’s decisions and understood the requirements of the Mental Capacity Act 2005 (MCA). One support worker said: “The MCA is about decision making, best interest meetings and making sure people important to the person are involved.” Another support worker said: “If someone doesn’t have capacity to make a decision then we need to check it regularly and make sure we review it.” Records showed staff had received training in the MCA. Documentation showed decisions made in people’s best interest were regularly reviewed with input from family members and staff who knew the person well.

Assessments had identified risks to people’s health and care plans were in place to reduce the possibility of harm. For example, plans included guidance on how to support people who were at risk of skin breakdown or tissue damage. People’s mobility assessments documented safe moving and handling techniques to be used by support workers. Relatives told us the information contained in people’s risk assessments were accurate.

Is the service effective?

Our findings

People consistently told us support workers held good knowledge and skills to carry out their roles and responsibilities. They told us staff were confident when delivering care and said they understood what help they needed to provide. One person said: “Staff are well trained and they know what they are doing. I trust them with everything I have”.

Staff were not consistently supported with their learning and development. Records of staff appraisals were not always conducted effectively. Staff told us they received frequent supervision but found appraisals were not helpful in supporting them with their personal development. (Supervision and appraisal are processes which offer support, assurances and learning to help staff development). The appraisal records for some staff were not always completed and objectives set during previous appraisals were not reviewed. This requires improvement.

Staff received appropriate training to meet people’s needs. Records showed each member of staff had completed a “Skills for Care Common Induction Standards”. (CIS) programme. CIS are the standards employees working in adult social care need to meet before they can safely work unsupervised. CIS were discussed and reviewed during supervision and staff told us managers had conducted competency checks to ensure they were appropriately skilled to meet people’s needs. One staff member told us they were checked to ensure they wore appropriate clothing when providing care, checked their time keeping and professionalism. One person said: “Carers do seem to enjoy their work and are well trained and confident”. Staff received training specific to people’s needs. For example,

care plans associated with three different people showed they required help with their mobility. A training record showed the staff providing care to the people concerned had received training in how to move people effectively.

Care plans provided accurate information and reflected people’s assessed needs. They described people’s routines, times people required support and informed staff how people wished to be supported. Staff were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and behaviours.

People were involved in making decisions about their nutrition and were encouraged to eat and drink sufficient amounts. Staff told us they prepared sandwiches and meals for people to eat later in the day. One person said: “The staff always ask if I have had enough to eat”. Another person said: “They tell me to drink regularly”. Care notes showed staff frequently prompted and assisted people to eat and drink. Relatives consistently told us they had been involved in reviewing their family members care. One relative told us they had been contacted on several occasions to discuss their family members food and drink. They said: “We are able to express our views about prompting my mum to eat and we talk about the sorts of things that are good for her”.

Staff monitored people’s wellbeing and referred any concerns to other healthcare professionals. Documents showed they had supported people to access chiropodists, opticians, dentists and GPs. People told us they were reminded about appointments. One person told us that when they went to see their GP (or the GP visited him) they made sure their support worker was present saying: “I forget what the Doctor says but the carer notes down all the GP says and follows up on it”.

Is the service caring?

Our findings

People told us that they were well cared for. One person said: “Staff are kind and they really do care”. Another person said, “They are helpful, they listen and they have a good laugh with me”. Feedback from a relative stated: “So pleased to have such good staff going to see my mum, we just couldn’t manage without them”. A relative had written to thank the staff for the good care provided to their family member. It said: “A lot of time and effort went in to make my mum as clean and comfortable as possible. All the staff who helped my mum were kind and caring”

People were supported by kind and respectful staff. One person described their experience as relaxed and comfortable when in the presence of support workers. They said: “I have had several support agencies in the past and I feel this is the best one so far. I feel like they are my friends more than anything and I enjoy them visiting me”. A relative told us they were pleased with the professional attitude of the staff and described the care as genuine. Staff were knowledgeable about people’s hobbies and interests. One support worker told us how they regularly spoke with one person about the war, cooking programmes they enjoyed and places they had been on holiday. Questionnaires showed people and relatives were happy with the communication and caring nature of staff.

People were listened to, valued and consulted. Staff involved people as much as possible in making choices and decisions about how they lived their life. A member of staff told us that most people could make most of the decisions they needed to on a day to day basis. Staff

supported them to do this by ensuring people had the time they needed to understand information. Staff gave information to people in a way they could understand. This included using pictures or objects.

Staff working in the office told us people regularly called to talk to them and to ask questions about their care. Staff spoke patiently and were polite when responding to people’s questions. People told us they were as involved as they wanted to be in planning their care. A social care professional told us the staff were respected by family members and people using the service.

Staff completed learning about dignity and respect in a care setting, person centred support and promoting independence. Staff told us the training was helpful in ensuring people were supported to maintain their independence. One person told us they support workers encouraged them to clean and to help with preparing lunch and dinner. A member of staff told us it was important people were motivated to take part in cooking, cleaning and with their personal care to maintain their independence and confidence. Training records demonstrated staff had completed refresher training in caring for people with compassion and dignity.

Care plans documented actions staff must take to respect people’s dignity when providing personal care. Guidance included using towels to cover any areas where people may have felt exposed, speaking to people during care and asking for permission prior to providing care. People consistently told us staff respected their privacy and promoted dignity.

Is the service responsive?

Our findings

People told us their support was personalised and changes in care were quickly identified and implemented into their care plans. One person said: “I have support workers who come to help me but I also have someone from the office come to see me to check my care plans are right”. Another person said: “They do everything I need them to do, the help me to wash, clean the house and help me with my letters, I can’t fault them”. A relative told us the staff responded quickly when recognising their family member had become unwell. They said: “The staff phoned me straight away so we could organise getting him seen by the GP.”

People’s needs were regularly reviewed and they were involved in their assessments. Care plans were updated as and when people’s needs changed. For example, after a fall or a change in medicines. The manager told us people’s needs were assessed when they joined the service and were monitored by support workers when they were delivering care. Records showed support workers highlighted any concerns about people’s wellbeing to a senior member of staff and documented their views in people’s daily notes. Care review records showed people’s daily notes were used to help review and update people’s care plans. Records showed people were satisfied with the care and support they received and where people had reported a concern, the provider had responded quickly. For example, one person stated they wanted to receive their care visits at a different time. The person told us this had been resolved and said they were pleased with how the member of staff dealt with their request.

People told us staff provided them with the support they needed, however timing for some was an issue. One person said: “The staff are brilliant and they work really hard but sometimes they are rushed and don’t always make it on time. I still get the help I need and they do call if they are running late”. They told us the issue regarding time did not affect their care needs or the care they received. One member of staff said: “On the odd occasion, we may have to stay a bit longer with someone especially if they have been unwell which means we tell the office we are going to be late to see the next person”. The operations manager told us staff were available from the office to cover should someone require support at a specific time, such as help with their medicines.

The service had good arrangements in place to deal with complaints and the providers complaints policy was followed effectively. Complaints were dealt with in good time. People, relatives and staff consistently told us complaints were taken seriously and investigated thoroughly. Records showed where people had made complaints they were regularly consulted with and updated with any progress. One comment included: “I am pleased to see this was dealt with properly and efficiently”.

People told us if they had any issues they would speak to the registered manager and said they were confident any issues raised would be resolved. One person said, “I have asked for some earlier call times and spoke to a member of staff on the phone who is looking into it, I know it won’t be a problem.” A relative told us they had complained about an issue several months ago and found the staff member dealing with the complaint was understanding, open to learning from incidents and communicated with them regularly to ensure they were kept up to date.

Is the service well-led?

Our findings

People and relatives told us the service was managed well. A relative told us the manager and the office staff were approachable and were accessible should they need advice. They said: “The girls in the office are wonderful, they are always around to help and they deal with things in the right way”. One person said: “I have no issues with the management, they always answer the phone if I need them and if I don’t like something they listen to me and sort it out pretty quickly”.

People, relatives and health care professionals told us the management was good. They consistently said leadership was strong, well organised and that they were up to date with people’s care needs. Relatives told us they held frequent conversations with senior staff and were impressed with their dedication and commitment. One relative said: “The managers in the office know what they are doing and anytime I have been worried about my mum they have always had time to talk to me and make sure I am alright”. People told us they had regular contact with senior staff and managers. One person said: “The manager comes to see me and they look at my paperwork, checks things are up to date and that I am happy”.

Staff were complimentary about the registered manager and the senior staff. They told us they could access support when needed and said there was always someone at the end of the phone should they need advice. A care worker said: “We have such a good relationship with our managers, they work really hard to keep everything organised and I can trust them. I have never felt scared to ask a question or raise a concern”. Another care worker told us they were pleased to have a manager who had been a care worker in the past and understood their role. Support workers told us management was approachable.

People and staff felt the service had a relaxed and friendly culture. We observed many staff visiting the office and

having conversations with senior members of staff about their personal circumstances, people’s care needs and work schedules. People frequently called the office to speak with staff about their care and we observed they were respectful and kind. Relatives told us they did not have problems when calling the office for and found the staff helpful.

As part of the registered managers drive to continuously improve their services they regularly conducted audits of staff training, care records and health and safety. They evaluated these audits and created action plans for improvement, when improvements were required. Records showed audits were checked by the provider to ensure any actions were being addressed. The operations manager told us they changed the format of the supervision and appraisal document resulting from an audit. The provider acknowledged previous supervisions and appraisals were not always conducted effectively. Staff personnel records showed the updated supervision and appraisal record had been recently implemented.

Good arrangements were in place to check people’s care requirements were accurate. Records showed senior staff regularly held conversations with relatives and people to review their care needs. The manager and senior staff undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included checking staff arrived on time and observing to see staff wore appropriate clothing and personal protective equipment. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed. One person who used the service told us, “The manager pops in to see us, just to make sure we are alright.” Staff told us their manager frequently came to observe them at a person’s home to ensure they provided care in line with people’s needs and to an appropriate standard.