

Nurse Plus and Carer Plus (UK) Limited

Nurse Plus and Carer Plus UK Ltd Fellowes Court

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 ●

Summary of findings

Overall summary

The inspection took place on 28 and 29 January 2016 and 1 February 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Nurse Plus and Carer Plus UK Ltd provide a personal care service to people living in their own home. On the day of the inspection 49 people were supported by Nurse Plus and Carer Plus UK Ltd with their personal care needs.

The service had 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.

During the inspection staff within the office were relaxed, there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were clear and easy to follow.

People spoke well of the care and support they received, comments included, "The carers are great, very nice people, wonderful; really good", "I'm very happy, the staff are very caring, polite and courteous" and "The carers are all very friendly, they help me a lot". Care records were personalised and gave people control over all aspects of their lives. People's preferences were identified and respected. Staff responded quickly to people's change in needs. People were involved in reviewing their needs and expressed how they would like to be supported and by whom.

People were supported by staff who valued the caring role they held. Staff showed a kind and compassionate attitude towards people. Relationships had been developed and staff had an appreciation of how to respect people's individual needs around their privacy and dignity.

People's risks were managed well. People were promoted to live full and active lives. People were supported to have as much control and independence as possible.

People had their medicines managed safely. People were supported to maintain good health through regular access to health and social care professionals, such as speech and language therapists, GPs and district nurses.

People felt safe. Comments included, "The carers make me feel safe, they are wonderful" and "I feel safe having the carers present, it gives me a sense of comfort". Staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff felt confident any incidents or allegations

would be fully investigated.

People were supported by staff who made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected.

People were supported by staff who had received a thorough induction programme and on-going training to develop their knowledge and skills.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People knew how to raise concerns and make complaints. People and their relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily.

Staff described the management to be supportive and approachable. Staff talked positively about their jobs. Comments included, "I love it, it's the longest job I've ever stayed in which says it all for me, I just love it", "They show their appreciation of the hard work we do, you get praised when it's appropriate and that motivates me" and "I absolutely love my job, it's so rewarding. The manager can be so thoughtful; I've even been given a voucher when I helped cover sickness. They never forget to say thank you".

There were quality assurance systems in place to drive continuous improvement within the service. Audits were carried out and where shortfalls in the service had been highlighted, action had been taken to resolve the issues and help ensure quality of care was not compromised.

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. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

Is the service effective?

Good ●

The service was effective. People received care and support that reflected their individual choices and preferences.

People were supported by staff who had the right competencies, knowledge and skills to meet their individual needs.

People were supported by staff who had good knowledge of the Mental Capacity Act 2005, which they put into practice to help ensure people's human and legal rights were respected.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good ●

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People's communication skills and abilities were known by staff. People felt they mattered.

People were supported by staff who showed kindness and compassion.

Positive caring relationships had been formed between people and staff.

Is the service responsive?

Good ●

The service was responsive. Care records were personalised and

so met people's individual needs. Staff knew how people wanted to be supported.

People were supported to have as much control and independence as possible.

The service had a complaints policy in place. Concerns raised were listened too and action had been taken to respond to them promptly.

Is the service well-led?

Good ●

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

The service had a positive culture and a clear set of values that were understood by staff and consistently put into practice.

Quality assurance systems drove improvements and raised standards of care.

Nurse Plus and Carer Plus UK Ltd Fellowes Court

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 was undertaken by two inspectors, took place on 28 and 29 January 2016 and 1 February 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, one senior care co-ordinator, two care co-ordinators and five members of staff. We visited four people in their own homes, and spoke with a further three people by telephone. We also spoke with three relatives of people who were supported by Nurse Plus and Carer Plus UK Ltd.

We looked at seven records related to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at records related to the administration of medicine, five staff recruitment files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe whilst being supported in their own home. Comments included, "The carers make me feel safe, they are wonderful" and "I feel safe having the carers present, it gives me a sense of comfort". Relative comments included, "I know my Dad is safe because the carers visit four times a day and if they notice even the smallest of changes they call me with their concerns" and "If it wasn't for the carers, my wife wouldn't be safe living here and then we wouldn't be able to share our home together".

People were supported by staff who had received training in safeguarding, and could recognise signs of potential abuse. Staff confirmed reported signs of suspected abuse were taken seriously, investigated thoroughly, and appropriate alerts had been made to protect people. For example, one staff member told us they had made a recent alert following an incident they had witnessed. They reported their concerns to the registered manager, who promptly made a referral to the local safeguarding team, to help protect the person from avoidable harm. The staff member confirmed they had been fully supported and kept informed throughout the whole process. They said, "I had to make a statement; the management were brilliant at supporting me and reassured me I had done the right thing. They also made sure I was okay".

People were supported by suitable staff. Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One member of staff said, "My DBS was done and all my references had been obtained before I even started to complete my initial training."

People were supported by sufficient numbers of staff to keep them safe. The registered manager regularly reviewed the staffing levels, so that people received reliable and consistent care and to help ensure staff could be flexible around people's needs. A staff member said, "We definitely have enough staff to support everyone." The registered manager commented that they would not agree to take on anybody new, unless they were certain they had ample staff with the right experience to cover the package of care.

Before Nurse Plus and Carer Plus UK Ltd provided support to people, a comprehensive initial risk assessment took place. This confirmed the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working, ensuring staff would be protected. Environmental risk assessments indicated where risks could occur and measures were put in place to minimise the likelihood of incidents occurring. For example, boiler safety checks, trip hazards and fire safety.

People were supported by staff who understood and managed risk effectively. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. People told us they were involved in decisions around the risks they took. Staff confirmed they followed risk assessments to ensure restrictions on people's freedom and choice were minimised. Staff put strategies in place when risks were identified, so they could be anticipated and managed appropriately. For example, staff had reported that a person they supported had cigarette burns on their clothing. They were concerned the person was

often unaware when hot ash fell from their cigarette, and had little insight into the potential risk to their safety and wellbeing this could cause. With consent, staff contacted healthcare professionals and the fire service to help reduce the risks associated with the person smoking. The fire service conducted a full risk assessment and provided equipment such as fire blankets, that would help keep the person safe. The senior care co-ordinator said, "Conversations are still on-going, we respect their choice to continue to smoke, we are just following professional advice and doing everything we can to help them stay as safe as possible".

Staff were knowledgeable about people who had behaviour that may challenge others. Care records contained risk assessments regarding people's behaviour that may put themselves, or others at risk and highlighted actions staff could take. This enabled staff to receive personalised guidance on how to best meet an individual's need and helped keep people safe. Staff sought to continually understand the causes of behaviour that distressed people. Incidents were recorded and used to identify patterns. It was common practice to note and share positive actions amongst staff, that had been successful in de-escalating situations and reducing incidents. A staff member said, "We learn from each other, if one person has dealt with an incident in a certain way and it had a really positive outcome, they would communicate what they did to all the staff that supported the person. That way we can all use the same skills in the future."

Some people required assistance from staff to take their medicines. People told us staff managed their medicines consistently and safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records; we noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's individual support plans described in detail the medicines they had prescribed and the level of assistance required from staff. These guidelines also included information about people's medical history and how they chose and preferred to be supported with medicines. Any risks in relation to medicines had been assessed and any specific arrangements, such as safe storage in a person's home, had been discussed with people and if appropriate their relatives. One person told us, "I have dementia, a while ago I took all my tablets in one go, and this frightened me. The carers were wonderful, they helped me buy this safe, now all my tablets are stored in it and it stops me taking too many." A staff member commented, "[...] was really worried about the possibility of taking too much medication again. We sat down with him and his family and discussed what we could do. It makes him feel safe, having the safe in place."

Is the service effective?

Our findings

People felt supported by well trained staff who effectively met their needs. Comments included: "They are all able to do everything I ask of them, and do it exactly how I want things done" and "I can't stress enough how good the carers are; in my opinion they have the right skills needed to do the job they do". A relative said, "They all know exactly what to do. For example, it is important everybody who visits is specifically trained in catheter care and they all are".

Staff received a thorough four day induction programme and on-going training to develop their knowledge and skills. The registered manager confirmed the induction process had been recently adapted so it met all fifteen standards of the new Care Certificate, recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings. New staff shadowed other experienced members of staff until they and the management felt they were competent to work independently. Staff told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Staff comments included, "I definitely felt ready by the end of my induction" and "It was really good, I got to work alongside senior members of staff and got to know the people I would be supporting".

Staff were supported to achieve nationally recognised qualifications. The registered manager sourced support from and had established links with external agencies that provided funding on behalf of their staff. This enabled staff to take part in training designed to help them improve their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the management to increase their skills and obtain qualifications. Comments included, "I got my certificate Today. It was presented to me in the office. It's a nice achievement and felt awesome" and "I'm doing a diploma in autism. I asked for this as I support someone with this illness, I was straight away supported to achieve it".

Supervision was up to date for all staff. The registered manager and staff confirmed supervision was a two way process. Open discussion provided opportunity to highlight areas of good practice, identify where support was needed and identify training needs. Staff confirmed they felt motivated to develop their practice. Comments included, "I find supervision beneficial, it helps me to plan my progress and look at ways I can continue to improve" and "You don't have to wait until your actual supervision, you can raise concerns or ask for training at any time. You are always listened to and supported".

People, when appropriate, were assessed in line with the Mental Capacity Act 2005 (MCA). The 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. Staff displayed an understanding of the requirements of the act, which had been followed in practice. The senior care co-ordinator talked us through a current case they were involved in. They wanted to help ensure a person they

supported had their care delivered in a way that reflected their best interests and upheld their legal rights. They said, "I will attend the meeting along with [...], the member of staff who has supported the person the most. Our input is important as [...] has built up a good relationship with the person and knows them really well."

People where appropriate were supported to have sufficient amounts to eat and drink. Daily log sheets were used alongside food and fluid charts to monitor people's nutritional intake and help ensure people maintained a healthy balanced diet. Staff where required sought advice and received specialised guidance from dieticians and speech and language therapists. Staff confirmed they followed this in practice, to help minimise risks associated with eating and drinking.

Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to health or wellbeing had been identified. Daily logs evidenced and people told us, where health and social care professionals had been contacted when people had expressed feelings of being unwell or a change in a person's presentation had been noticed. For example, one person told us how a member of staff had sought their permission to call a doctor when they had noticed they were not their usual self. They said, "I was not aware there was anything wrong with me but the carer felt there was. They asked if they could call my doctor, which I agreed. The doctor came to see me and I ended up being admitted to hospital. The carer was excellent and I was so thankful".

Is the service caring?

Our findings

People were well cared for by staff who had a caring nature and treated them with kindness and compassion. People told us, "The carers are great, very nice people, wonderful; really good", "I'm very happy, the staff are very caring, polite and courteous" and "The carers are all very friendly, they help me a lot". Relative comments included, "I don't know what we would do without them, they are all so kind" and "Very very rarely would you say any were not caring, in fact many go beyond what they are asked to do, which is very good and caring".

Staff had a genuine concern for people's wellbeing. Staff commented that they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people felt they mattered. Comments included, "Caring gives me a purpose and makes me feel good. It's nice to help people and makes me feel good to know I can make a difference in people's lives", "I know how I would want to be supported and I give that and more to the people I support" and "I love this job, I'm compassionate and I care a lot, I always want to do my best".

People confirmed their privacy and dignity were respected, and they were encouraged to be as independent as possible. Comments included, "The carers very much respect my privacy. I can become embarrassed because of my modesty. The girls know this; they keep me covered up whenever possible and help me feel at ease" and "They encourage me to keep doing the things I can for myself, it would be easy for me to just let them do it, but I know it's important not to give in". Staff informed us of various ways people were supported to maintain their dignity and independence. For example, one staff member commented how they would support people to gain access to their shower, but would then leave the room, keeping the door slightly ajar, so they had privacy, but could also request help quickly if needed. The person told us, "They help me get in the shower as this is difficult for me. I'm then left in peace, with the peace of mind that I can call for assistance."

Staff showed concern for people's wellbeing and discussed ways in which they took practical action to relieve people's distress. For example, one staff member told us how a person they supported often showed signs of distress at meal times. Staff discovered that if they ate their lunch with the person, their stress reduced and they were able to enjoy their meal. Another staff member talked us through various different methods used to help reduce signs of distress. For example, using a person's known likes and conversation topics, such as a person's cat to have a pacifying and calming impact on their behaviour. They said, "One person we support can be so anxious that they don't wish for you to even enter their house. We respect this; sometimes by talking about their cat it can have a really positive effect. It puts them at ease and then they become accepting of the support they need."

People were proactively supported to express their views. Staff gave people time and were skilled at giving people explanations and the information they needed to make decisions. Once decisions had been made, staff acted upon them to help ensure people's views were listened too and respected. People told us, "The carers always do as I want, I'm not rushed and I remain in control" and "I felt I needed something extra for the periods where I'm left on my own. The carers told me about a personal alarm that I could wear and press

to get help urgently. I'm looking into this and will get one".

People were supported by staff who knew their individual communication skills, preferences and abilities. This helped people feel listened to and understood. Staff were skilled at responding to people appropriately no matter how complex the person's needs were to help ensure people felt they mattered, and had control. For example, one staff member told us how they supported a person with autism. They said they spent time building a bond and developing trust, so that the person felt comfortable to communicate with them and be involved with decisions about their care. They said, "I am the only person that supports [...], it took a long time for them to communicate with me and now I'm able to understand exactly how they wish to be supported, and the things that are important to them".

Is the service responsive?

Our findings

People were involved in planning their own care and making decisions about how their needs were met. Comments included, "I had a review recently, [...] came to see me and made sure everything was how I wanted it", "They don't only come and see me to make sure things are right, they phone me too. They make it clear that I'm in control and my view counts" and "I'm very happy with how involved I am and satisfied with the choices I have". A relative told us, "My dad's needs are regularly reviewed, we are always invited to have our say, my mum wants us to be involved and the care agency respect that"

People's care records contained detailed information about their health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care. For example, one care plan stated a person wished to shower for a minimum of fifteen minutes each time and on arrival, care staff should greet his family. Daily log entries from staff demonstrated they adhered to and respected the person's wishes. A staff member told us, "Showers are such an important and vital part of [...]s routine. He knows what he wants and when he wants it. He really enjoys his showers and enjoys getting the staff wet more."

People's needs were reviewed and updated regularly. The registered manager confirmed people had face to face reviews on a previously agreed set date or if a change in need had occurred. For example, one person's care plan had been reviewed following their need for a catheter to be fitted. The review established exactly what the person's new needs were and what the service needed to do to support the changes, such as, ensuring staff who provided care to the person needed to have the right skills and knowledge regarding catheter care. A relative confirmed, "When Dad had his catheter fitted his care plan was updated and all the staff that came to the house were aware of his needs and were able to manage them." Staff said they regularly discussed people's support arrangements and were kept updated about any changes. Comments included, "We always have the care plan to refer to and add to when needed" and "The care plan tells us how somebody likes to be cared for, the daily log tells us small changes that occur and need to be monitored but aren't necessarily permanent".

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Staff told us how they supported people to go out to various places of their choice within the local community. For example, one person's care record detailed the importance of ensuring a person was up washed and dressed by a particular time, so they could attend their local memory clinic.

The service had a policy and procedure in place for dealing with any concerns or complaints. A copy of the complaints policy was included in people's care records, within their homes. People told us they knew who to contact if they needed to raise a concern or make a complaint. Comments included, "I would complain if there was a need to but there simply isn't", "I have complained about a previous care agency, but with this one I have no grumbles" and "I've never needed to complain, if I did I would call the office they are always excellent". People, who had raised concerns, had their issues dealt with straight away. One person said, "I complained once, they responded right away, understood what I needed and put things right."

We looked at the written complaints made to the service in the last 12 months. Each complaint had been responded to in a timely manner and thoroughly investigated in line with Nurse Plus and Carer Plus UK Ltd.'s own policy and procedure. Appropriate action had been taken and the outcome had been recorded and fed back.

Is the service well-led?

Our findings

The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported with their personal care needs. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, those who mattered to them and staff all described the management of the service to be approachable, open and supportive. One person said, "The manager is excellent as are all the office staff, they always respond straight away". Relative comments included, "I can speak to [...] about anything and I do, they are very easy to talk too" and "The manager came to see us right at the start and told us we can call her anytime and as far as we are concerned she has always kept that promise". Staff told us, "[...] is so supportive, you can go to her at any time and she always makes time for you" and "[...] is brilliant, [...] is brilliant, in fact all the management are brilliant".

There was a positive culture within the service. The registered manager commented that one of their core values was their commitment to care. This value was shared by the whole staff team. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities. One staff member commented, "One of the best things I feel we offer is the natural caring nature of all the staff, right from top to bottom. We all do this because we care about people and want to do the best by them."

The registered manager told us having an open and transparent service was a priority. They said, "We pride ourselves on our honesty, everybody can make mistakes, what's important is you hold your hands up, apologise and learn by it." This reflected on the duty of candour. The service had a policy regarding the duty of candour, which detailed their legal obligation to act in an open and transparent way in relation to care and treatment.

The provider sought feedback from people and those who mattered to them, and staff, in order to enhance their service. Questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice. These questionnaires had been recently collated, however the registered manager confirmed that they had not yet had time to evaluate them to date so could not provide feedback on any action that may need to be taken.

The registered manager told us they encouraged and welcomed ideas from staff that would enhance the service they provided. Staff told us they did feel they could share their opinions and ideas they had, but that their ideas were not necessarily actively sought. The registered manager listened to our feedback on this, and by the second day of the inspection, a suggestion box for staff ideas had been placed within the office. The registered manager talked us through examples of where staff ideas had led to changes in practice. For example, one staff member felt that as they did not see people they supported every day, they were unsure at times when food in a person's fridge had been opened and therefore if it was safe to give to the person. They suggested that sticky labels could be produced, for staff to simply write the date food was opened on,

and then stick one to each item. The labels were created and made available for staff to use. The registered manager said, this had been very effective, had been utilised in other people's homes and helped ensure people were kept safe.

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I love it, it's the longest job I've ever stayed in which says it all for me, I just love it", "They show their appreciation of the hard work we do, you get praised when it's appropriate and that motivates me" and "I absolutely love my job, it's so rewarding. The manager can be so thoughtful; I've even been given a voucher when I helped cover sickness. They never forget to say thank you".

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The service worked in partnership with key organisations to support care provision. The registered manager confirmed the service measured their performance against recognised quality assurance schemes. For example, they had just completed the six steps. This was an end of life care strategy programme, with the local hospice. This helped ensure best practice was used when staff carried out their duties.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. For example, one audit regarding recruitment highlighted that not all staff had completed their health declaration form. The registered manager ensured all staff had now completed this and put processes in place so this would not be missed in the future.