

Nurse Plus and Carer Plus (UK) Limited

Nurse Plus and Carer Plus (UK) Limited - Suite 18 Ingles Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 17 and 18 July 2017, and was an announced inspection. Nurse Plus and Carer Plus (UK) Limited provide care and support to people in their own homes. The service is provided to mainly older people and some younger adults. At the time of the inspection there were approximately 102 people receiving support with their personal care. The service undertakes visits to provide care and support to people in Folkestone, Hythe and surrounding areas. The service can also provide 24 hour support to people.

Since the previous inspection a new manager had been appointed and they were in the process of applying to the Care Quality Commission to become registered. 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.

After the previous inspection in June 2016, a warning notice for person centred care and two requirement notices were served. The provider sent the Care Quality Commission an action plan to address the shortfalls, with a timescale to become compliant with the regulations. The warning notice served for person centred planning was complied with. However, there remained two continued breaches of the regulations which had not been met at this inspection. The management team took action to address these issues at the time of the inspection.

People's medicines were not always managed safely. Some of the shortfalls identified at the previous inspection still remained. Records did not confirm that people were receiving their prescribed medicines safely.

Although people told us they felt safe using the service, not all risks had been managed safely. The guidance in the risk assessments had improved but further detail was required to ensure that staff moved people safely and staff would know how to support a person if they were to choke or have a seizure.

There were some mixed views about the communication with the office. Some people felt further improvements could be made.

The audits in place, including spot checks on the staff ensured that the quality of service was checked to assess the care being provided. However, the shortfalls found at this inspection had not been identified.

Staff had been trained how to keep people safe from harm. People told us they trusted the staff and they made them feel safer as they knew they were calling. Safeguarding policies and procedures were in place should the manager need to raise an alert.

There was sufficient staff on duty to make sure people received consistent care. Staff had permanent rotas

which were geographically placed, to reduce the travel time and help people receive their call at the requested time. People told us the staff usually arrived on time and stayed the duration of the call. Staff received appropriate training to be able to perform their role and have the skills and competencies to meet people's needs.

Staff were recruited safely with the necessary checks being carried out to make sure they were suitable to work at the service. All new staff received an induction and shadowed senior staff before they started to work on their own. Staff received support through one to one supervision meetings, staff meetings and spot checks.

People told us that the staff asked for their consent before providing their care. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. People were supported to make decisions and when required best interest meetings involving the person, relatives and health care professionals were held.

People told us the staff supported them with their health care needs. Records showed that when required, staff contacted the relevant health care professional such as doctors and community nurses.

People's dietary needs were assessed and staff supported people with their meals and left drinks and snacks for people to eat later when they needed them.

People told us the staff were kind, caring and respected their privacy and dignity. Staff described how they supported people to remain as independent as they could and people told us that they were encouraged to do as much as they could for themselves. People told us that staff knew them well and were able to chat to about their lives and family.

People and relatives told us they were involved in their care plans when they started the service and personalised care plans were now in place. The plans were regularly reviewed and updated.

People knew how to complain but did not have any issues. They had the opportunity to feed back about the service, through, surveys and spot checks. Any negative feedback was used to drive improvements to the service.

People, relatives and staff told us that the service had improved since the new manager was appointed. Some staff felt communication could be improved by telling people when they were running late or the timing of the calls had changed.

Staff understood the visions and values of the service and how people should be treated as equals with dignity and respect.

We found two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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 always safe.

There were shortfalls in medicine records and a lack of guidance about some areas of medicine management.

Most risks associated with people's care had been identified, but there was not always sufficient guidance about how to keep people safe.

People's needs were met by sufficient numbers of staff who had been recruited safely.

Is the service effective?

Good ●

The service was effective.

People received care and support from trained staff. Staff received support through supervision and appraisal.

Staff encouraged people to make their own decisions and choices.

People were supported to eat and drink to maintain a healthy diet.

The service worked with health care professionals to ensure people received the support they needed. .

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring and treated them with dignity and respect.

People were offered choices and supported to make decisions about their care.

Staff supported people to maintain their independence where possible.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained the necessary guidance to ensure staff gave the personalised care and support people needed. Plans were reviewed and updated.

People told us they did not have any complaints but would raise concerns if they needed to.

People had opportunities to provide feedback about the service they received.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There were audits and systems in place to monitor the quality of care people received. However, shortfalls from this inspection had not been identified and there were continued breaches of the regulations.

People told us the service had improved since the new manager took up post.

Staff were aware of the provider's values and how to ensure people received the care they needed.

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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 checked 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 17 and 18 July 2017 and was announced with 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure we were able to speak with people who use the service and the staff who support them. The inspection was carried out by three inspectors; two inspectors visited the office and one inspector made telephone calls to people for feedback about the service.

The provider completed 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. Prior to the inspection we reviewed this and other information, such as the previous inspection report, we held about the service, we looked at any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included seven people's care plans and risk assessments, four staff recruitment files, staff training, supervision and appraisal records, visit and rota schedules, medicine and quality assurance records and surveys results.

We spoke with four people who were using the service who we visited in their own homes. We spoke with four relatives, the manager, a member of the organisations compliance team and ten members of staff. We

also had feedback from nine people who were telephoned during the inspection.
Before the inspection we contacted two social care professionals who had had contact with the service and received feedback.

Is the service safe?

Our findings

People and relatives told us they felt safe when the staff visited them at home. They said, "Yes quite safe". "Yes, I feel perfectly safe". "Mostly, but sometimes I get a carer I don't know so that makes me feel a bit uneasy". "Oh yes, I definitely feel safe". "All the staff are helpful. It reassures my relatives to know someone is coming in twice a day to check on me". "I would trust my regular carer with anything". "My usual carers make me feel very safe, I am happy with the care they provide".

At the last inspection in June 2016, the provider had failed to ensure that the risk assessments in place had sufficient detail to guide staff how to manage risks. After the inspection the provider sent us an action plan telling us how they were going to improve. At this inspection the detail in some of the risk assessments such as the moving and handling risk assessments had improved, however not all risks were being managed safely and there remained shortfalls in the management and recording of medicines

One person had their drinks thickened to make it easier for them to drink and reduce the risk of choking. Staff told us they followed the instructions on the thickener so they knew how much to use. Guidance for staff noted how this person should be supported with their medication, such as putting it in yoghurt. Staff said there was a risk assessment in the person's care plan about the risk of choking. This did not contain clear guidance for staff about what to do if this person began to choke. There was also a lack of detail about one person who had suffered a seizure. Records showed that the person had not had seizure for some considerable time; however there was no guidance for staff to follow in the event of a seizure to ensure the person would receive the care they needed.

After discussion with the management team they arranged for a complete review of this person's care plan and risk assessments on 27 July 2017 to ensure that staff would have the guidance they needed.

The manager told us that all staff had received updated medicine training and competency checks since the previous inspection, however, there remained shortfalls in the management of the medicines.

One person's medicine was being dispensed from a monitored dosage system. However the person needed reminding to take their medicines at the right times, so staff were secondary dispensing the medicine into an alarmed 'dossett box' to prompt the person to take their medicines when they should. The manager was not aware that this was happening, there had been no assessment by senior staff and this information was not recorded in the care plan. We discussed this with the manager who arranged for the person's medicine to be reviewed at the time of the inspection.

There remained a lack of clear individual guidance for staff when administering creams. One person's care plan did not contain clear guidance for staff to follow. The daily notes stated E45 cream should be used in a certain area, but staff had recorded they had administered sudocream and on another occasion had record they used a fifty/fifty mix. Another entry stated to use another cream and E45. There was no information on the medical administration record to confirm what creams should be used. The manager told us that they were unaware of this issue and arranged for a review of the medicines to take place. This could result in people not receiving the medicine consistently or safely.

In some cases there were guidelines in place to give people their 'as and when required' medicines, such as pain relief whilst in other plans clear guidance was not recorded. One care plan showed the person was taking paracetamol when needed but this was not listed in their medicine regime.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. This is a continued breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action to address some of the medicine issues by sending a senior member of staff out to visit the people and to review the person's medicine requirements. They also implemented a medicine action plan on the second day of the inspection to address the shortfalls.

The manager also told us that action would be taken to support the staff with additional training in the management of medicines including practical examples and recording.

The provider had introduced a TILE (Task Individual Load Environment) assessment' which contained sufficient detail to guide staff how to manage risks and move people as safely as possible. There were details of what size sling to use, where to position it correctly and where to attach the hoops. People told us they felt safe when being supporting them to move and staff checked that the equipment was safe. They said, "I feel safe when carers use the hoist. When I got a new hoist the carers worked with the occupational therapist to make sure they knew how to use it" "The carers always check my equipment before using it". "Someone comes out about twice a year to check it over".

People were protected against the risks of potential abuse. People told us they felt safe. People were supported by staff who understood their safeguarding responsibilities. The provider had a policy for safeguarding adults from harm and abuse and the Kent local safeguarding protocols which staff followed. This gave staff information and guidance about preventing abuse, recognising signs of abuse and how to report concerns. Staff were able to tell us about the different types of abuse and what they would do if they had a concern and said they felt confident the registered manager would take action to address their concerns. When there had been notifiable incidents these had been consistently reported to the Care Quality Commission and / or the local authority in line with guidance. There were clear systems in place to record and check peoples finances if they required support with their shopping.

There were sufficient staff employed to give people the care and support they needed. Most people had regular staff to provide their care and support. People told us they preferred to know who was due to arrive to provide them with support and a copy of the rota was provided to people most of the time.

People said that staff usually arrived on time and stayed the allotted time of their call. People had been asked in a quality survey 'Do you have regular and consistent staff?' 41 people had completed the survey and 37 people had responded with 'always' or 'mostly'. They also said, "They [the staff] are very punctual and stay for the duration [of the call]". "My regulars will always have time for a chat and see if I need anything before they go". "My main two carers are fantastic". "The staff definitely knows my routines and preferences".

People told us that they usually knew who was coming to carry out their calls. They said, "I get pretty much the same staff all the time". "I know who is coming as I get a rota nearly always have the same person". "I have regular carers now. However, there were mixed comments with regard to the time the rota was sent to them each week. People said, "There is sometimes a problem with the rota, I sometimes don't get this until the Wednesday which is halfway through the week but its improved in the last couple of weeks". "I get a rota

which is pretty accurate". "Sometimes the rota is late so I have had to call the office to find out who's coming".

One relative said, "When we have regular carers it's brilliant, my relative gets very anxious. There have been a lot of improvements recently since the new manager has been here".

People said that they had received late, especially at weekend and sometimes the office had not rung to tell them, however things had improved lately. People told us that the office acted promptly if they had issues with individual staff and the staff member was replaced straight away.

Duty rotas showed staff were allocated calls in the same geographical area and travel time was included between calls. Checks were completed to make sure were given the opportunity to raise any concerns and to check staff arrival and departure times.

Staff levels were monitored to make sure there was enough staff to cover the calls. An on-call system was available for people and staff to contact outside office hours. This included how they would support people in times of poor weather conditions by using vehicles suitable for the use in the snow.

The provider was actively recruiting for new staff. Staff commented, "There are no incentives to keep staff. We don't get paid for the induction and shadow shifts and we don't get paid mileage. We have raised this at supervisions and at staff meetings". The manager told us that these issues had been raised with head office who were actively looking into these matters.

The manager checked for missed calls, these were investigated when they occurred and a report was sent each week to the compliance quality manager who monitored the service provided. Staff had guidelines to follow if people did not respond when they called and staff did not leave the premises until the person was located and found to be safe.

Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. Information had been requested about staff's employment history and any gaps in people's employment were discussed at interview. Two references were obtained, including from the last employer and proof of identity was provided. One person had provided a passport as confirmation of their identity. We discussed this with the registered manager as the passport was not in date at the time the person started at the service. There was other proof of identity on this person's file and there was no impact on people using the service. Health questionnaires and equal opportunities monitoring formed part of the application process.

Staff told us checks were carried out before they started working at the service and that they provided at least two referees. Disclosure and Barring Service (DBS) criminal record checks were completed before staff started working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider's recruitment and disciplinary policies and processes were followed and these records were stored securely to protect people's confidential personal information.

Is the service effective?

Our findings

People and relatives told us they were satisfied with the care being provided. They said, "The staff are well trained, my main carer is wonderful". "Oh yes, the staff know what they are doing, my ones are really good if I get a new one they are shadowed first". "Yes my girls are marvellous; they know what they are doing".

A relative said, "The staff always talk to my relative and ask them what they want".

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and had received training. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other health care professionals. In domiciliary care people who may need restrictions of their care and treatment are safeguarded by decisions made through the Court of Protection. At the time of this inspection the manager told us that no one was subject to an order of the Court of Protection.

Staff understood that when people needed further support to make decisions about their care, best interest meetings were held with family and health care professionals to make decisions in their best interest. Staff told us how they supported people to make decisions, by giving them time to decide and offering them choices.

People told that staff asked for their consent when carrying out their care. They said, "The staff always tell me what's happening and let me make my own decisions". "The staff explain what they are doing, I never tell them what to do, I just let them get on with it".

People received effective care and support from staff trained in their roles. The registered manager told us staff completed an induction when they started working at the service and new staff completed the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. Staff told us they completed an induction when they started and shadowed experienced staff to get to know people, their preferences and routines. Staff said, "I had a comprehensive induction and shadowed other carers", "I did a five day induction which covered mandatory training and shadow shifts" and "After the training and shadowing I felt confident to do the role".

The registered manager had oversight of staff training to make sure it was kept up to date and refreshed when needed. A training schedule was maintained by the registered manager. This showed what training had been undertaken and when refresher training was due. Training in basic life support, safeguarding people, equality and diversity, mental capacity and moving people safely were mandatory.

Specialist training in topics such as catheter care, stoma care, stroke awareness and dementia were provided to help staff to meet people's needs effectively. Staff were supported to complete additional training, such as vocational qualifications, to aid their personal development. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications

staff must prove they have the ability to carry out their work to the required standard. Staff said, "There is lots of training. There is always something coming up" and "The training is really good".

There were a number of people using the service who had diabetes. The training schedule showed that only eight staff had completed training about diabetes. The manager told us that this was an area for improvement and further training would be provided.

Staff met with a senior member of staff for regular one to one supervision meetings. Staff competency was monitored through spot checks. One member of staff commented, "Spot checks happen more frequently now. They are about every three months"

People told us that staff supported them to have enough to eat and drink. They said, "The staff offer me a drink in the mornings". "The staff help me with my meal each day". "I tell staff what I would like to eat, a sandwich or ready meal and they will make it for me". "Staff take a meal of my choice from the freezer and prepare it for me. I am not eating well at the moment so they are always encouraging me to eat more, they offer to make me a sandwich for later but I don't always bother with that". "Sometimes they will leave things for me; it all depends on what I want".

People told us that the staff supported them to remain as healthy as possible. They said, "Yes if I am a bit under the weather they write it down and suggest I have the doctor". "Staff will ask me how I am feeling, record it in my book and check if I am alright the next call". "Staff will say, you are not looking well today and check to see I am OK". "Staff will comment if I am not looking too well and will always ask if I need any help or assistance". "Staff tell the office when I am not well and I have had someone phone up to check I am OK or if I need a doctor".

People's health care needs were being monitored and met. One person said, "The carers read my care plan when they first come in. They notice any changes in my health. They really are very good".

Appropriate referrals were made to health care professionals such as occupation therapists, district nurses or the mental health team. Staff reported any concerns to the office and they contacted the relevant health care professionals for support and guidance. Record showed how the service had followed through concerns about one person's medicines and how they liaised with the doctor to ensure the person received the support they needed and their medicines were reviewed.

Is the service caring?

Our findings

People told us the staff knew them well and that they were kind and caring. They said, "Carers become part of the extended family. The carers are very good. They respect my privacy and dignity. The younger ones perhaps don't have quite the same values as the older ones but I get everything I need". "I tell the staff what I want and they respond". "They are very caring, very nice people". "I am a chatterbox so I always talk to them and they talk to me".

People also said, "The staff are very caring". "Yes, my girls are very caring". "I can't fault them I love my girls". "Oh yes, they all really care". "Yes, the staff are caring, I used to have a nice bunch of people but I am not sure about the new ones, but I am sure they will be fine". "The staff are most definitely caring". "It's just the way they [the staff] are, wonderful". "My carer always asks if there is anything else I need". "The staff make such a difference". "The carer makes my life so much easier". "All of the staff are caring; I could not cope without them".

Relatives commented, "The girls are so sweet with my relative, it chokes me up. They put the lifeline on their chair and check they can reach it" and "They are very good".

People told us they were supported by staff to make decisions about their care. They said, "I make my own choices". "I always say what I want and the staff are very good". "The staff always do what I ask them". "The staff always talk to me and ask me if they can do things before they start".

People said that staff listened and acted on what they said. They told us, "Yes they listen to me, they are always asking if I need any extra help". "They always listen and do what I ask". "The staff will do a bit extra if I ask".

There were details about people's lives in their care plans so that staff could chat to them about who and what was important in their lives. People told us that staff knew them well and were able to chat to them about their lives and family.

The provider kept a note of 'thank you' letters, calls and emails. Comments included, 'All the carers treated [our loved one] with consideration and great kindness while respecting their dignity', 'Lovely carers who showed such kindness and tender care to [my dear loved one], myself and my family. You all helped keep them at home where they wanted to be' and 'The carer took action when noticing client unsteady on feet and confused – called paramedics. [Person] rang the office – wanted it on record to thank [carer] for their quick thinking and calling an ambulance. They said they are a fantastic carer and went above and beyond when [their loved one] needed them to'.

People told us that staff respected their privacy and dignity. They said, "Yes all the staff are very good at respecting my dignity". "I have never had any problems with that". The staff always maintain my privacy and dignity". "I can't fault the carers, they are absolutely spot on". "Staff always treat me with dignity, they have never been and issues in that department". People told us their privacy was respected, they said "The staff

are very good about that". "My support is always given in private".

A relative commented, "I am around and hear and see how the staff are treating my relative and everything is fine".

Staff volunteered to become 'dignity champions' and completed additional training. A 'dignity tree' was located in the office where staff could add their comments about what dignity meant to them. Staff had written, 'Dignity is giving respect to all service users during personal care', 'Dignity and respect is treating someone with compassion and individuality to understand their needs with regard to faith and culture and treating someone as you would like to be treated' and 'Everyone should be treated as an individual and have their views respected'.

People told us that staff encouraged them to be as independent as possible. They said, "Yes I am independent they just help me to shower and help me to dress". "I have a problem with my arms but they let me do as much as I can for myself". "Yes, if I need help I will ask but I can do most things myself". "I do what I can but are around to help". "I like to walk about as much as I can I don't want to spend all my time in the chair, they let me walk around but are around to help if I need them". "The staff never push you to do anything you don't want to".

People told us that the care staff were discreet and confidential. They said, "They never talk about anyone whilst with me". "I trust them to remain confidential about me". "They are not allowed to talk about anybody and they don't".

Is the service responsive?

Our findings

People told us they were involved in planning their care and confirmed that the senior staff visited them to review their care and to ask if they were satisfied with the service. They said, "The supervisors come out and go through everything with me and I sign to say I am happy with the care". "The staff have visited a few times to check things and update my care plan if needed".

When people first started using the service a senior member of staff visited them to carry out a care needs assessment. People said, "Yes I had a visit and they came out and spoke to me and my daughter". "Someone from the office came out to see what help I needed it's all in my care book". "Yes they [the staff] came round and we agreed what help and support was needed". "The staff came around and we talked through everything".

A relative told us how the service had responded when their relative came home from hospital. They said, "When my relative went into hospital I had to cancel their care calls. When they were being discharged I phoned up the office and asked when they could start calling again and they sorted something out straight away".

People told us they received the care they needed. They said, "The staff read the care plans which has lots of information in it". "My care plan tells staff what I need help with". "Yes I have a care plan and it is updated when things change".

At the previous inspection the provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences and a warning notice was serviced to ensure that improvements would be made and the service was now compliant with this regulation.

At this inspection improvements had been made and care plans were personalised. They contained information about people's mobility how people preferred to receive their personal care, a history of falls, nutritional needs, skin care, communication, oral hygiene, and medical history. There was step by step guidance for staff to follow on people's personal care routines, including their preferences, and what support they required from staff. This included information about what people could do for themselves to promote their independence, such as 'I am able to roll myself from side to side using the hand rails, please encourage me to do this'

Each person's care needs were detailed for each call, so staff had full guidance of the care to be provided. This included people's individual routines to ensure they received care and support consistently and according to their wishes.

There was information about people's medical conditions in their care plans, for example which type of diabetes they had and any signs staff should look for that may indicate deterioration in health. Staff were able to tell us about the signs they looked for.

Daily notes were completed to confirm care had been provided each visit and the plans had been updated and reviewed on a regular basis.

Staff supported people to socialise and not become isolated. The service had just held a charity event at the office and invited everyone to attend. The manager told us of further events that they wanted to plan and to extend the opportunities for people to get together at social events.

People told us they knew how to complain. They said they would speak with staff and knew they would be listened to and that their concerns would be acted on. People said, "I have had to complain once and that was resolved. I am happy to complain if I need to" and "I don't have any complaints but I will if I need to". People told us that when they had raised issues, such as calls being too late or early these were resolved promptly by the office staff.

The provider had a complaints policy which was available in different formats, such as an easy to read version. When a complaint was received it was investigated and responded to appropriately. Complaints were discussed with people and staff and action had been taken to rectify complaints when needed. The registered manager kept a log of verbal and written complaints and had taken action, including providing staff with additional training and, when needed, followed disciplinary processes.

People were encouraged to feedback about the services when they have their care plan review and office staff had also telephoned people to ask if they were satisfied with the service. One person had commented "I am very pleased with all the carers that come to me. I have all that I need to help me".

Is the service well-led?

Our findings

Since the previous inspection a new manager had been appointed. They were in the process of applying to the Care Quality Commission (CQC) to become the registered manager. People, relatives and staff told us that since the new manager had been appointed improvements have been made. They said, "Nurse Plus works perfectly for me". "There has been a big improvement since the new manager has been at Nurse Plus". "I know there is a new manager who is trying to sort things out but it takes time". "The service is much better that it was". "The service has so much improved over the last 2-3 months". "In the past it has not been well organised, but my carers are good and the office staff have improved". "I think it's much better now they went through a sticky patch but seems OK now". "The service is well led now, I was thinking of leaving some time ago but now it's all good".

One person told us they were not satisfied with the care being provided and felt the office were incompetent. We spoke with the manager and was told that these concerns had been investigated by and changes were in the process of being made to resolve the issues.

People knew how to contact the service after normal office hours. They said, "There is an answer phone and if you leave message they will ring back to you". "Yes I know they have an on call system". "I have all the telephone numbers in my care file".

After the previous inspection in June 2016, a warning notice for person centred care and two requirement notices were served. The provider sent the Care Quality Commission an action plan to address the shortfalls, with a timescale to become compliant with the regulations. The warning notice served for person centred planning was complied with. However, although improvements had been made there remained two continued breaches of the regulations which had not been met at this inspection. The management team took action to address these issues at the time of the inspection.

People had mixed views with regard to communication with the office, they said, "Yes I have contacted the office to ask who will be visiting next and they were very helpful. "They checked on the computer and told me who it would be coming to see me the next day". "When I phoned them recently I got through straight away and they sorted me out". "Communication with the office is getting better". "Sometimes staff can't answer my question they say the office will get back to me but they don't". We spoke with the manager about this issue who told us that they had recognised that communication needed to be improved and since the new co-ordinators had started improvements had been made. One person confirmed this when they said, "Communication has improved now, a few months ago they were useless but there is a new team in the office and things are much better".

We discussed these issues with the management team and they took action to address the issues. An office meeting was booked for 24 July 2017 to discuss the importance of communication, encouraging ideas for improvements. Arrangements were also made for all of the office staff to attend a customer service course in the near future.

Although medicine records audits were taking place the staff had not identified the shortfalls found at this inspection. The medicine audit dated 1/4/17 to 26/4/17 stated 'carers to name creams used, action stated 'carers reminded to sign for creams'. The audit dated 26/4/17 to 30/4/17 stated, 'carers to name creams used, action taken, 'training arranged'. The audit dated 25/5/2017 had noted that the staff were not recording or signing the records when creams had been administered. There were clear gaps where staff had not signed the medicine record sheets to confirm creams had been applied. The action taken was that the member of staff had been spoken with and will sign for creams, dated 12/7/2017. It was therefore clear that the action taken as a result of the audit was not effective as the same issues remained from April 2017 to July 2017.

When we discussed these concerns to the management team, they told us they would develop an audit training session to address the issues.

The provider had failed to establish and operate effectively systems and processes to ensure compliance with the requirements. This was continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Spot checks and audits were completed to monitor the quality of the service being provided. Care plans, and associated risk assessments were reviewed to make sure staff had up to date guidance to follow. When a shortfall was identified the registered manager noted what actions were needed, prioritised timelines for any work to be completed and decided who was responsible for taking action.

To ensure there was continuous improvement in the service senior management received reports from the registered manager regarding accidents, incidents, assessments, spot checks, care plan reviews, recruitment, training, supervisions, team meetings and appraisals. The managers undertook quarterly visits to the service to carry out audits on files and their contents. A report was then produced based on a traffic light system, when the service had not reached green, action was required and an action plan put together, which was monitored until the next audit.

The service was a member of the Kent Community Care Association, Contractors Health & Safety Scheme (CHAS), Recruitment and Employment Confederation (REC). These memberships, the internet and attending managers' meeting within the service and meetings with other stakeholders, such as social services was how the registered manager remained up-to-date with changes and best practice.

People, their relatives, staff and health professionals were asked to provide feedback about the quality of the service through a survey. Results of these were analysed to identify areas for improvement. An action plan had been developed and implemented. Results from the last quality survey noted that 38 of the 39 people who responded felt their quality of life had improved since they had received support from Nurse Plus.

The provider had a clear vision of the quality of service they wanted people to receive. This vision was shared with staff. Staff told us, "We are supporting independent living. Treating people equally" and "We give really good care. Staff go above and beyond for clients and genuinely do care. We keep people in their own homes". "We support people to remain as independent as they can be. We treat everyone as an individual".

Staff understood their role and responsibilities and told us they all worked well as a team to make sure people received the care they needed. One member of staff said, "I do it because I love it. I love being in the community".

Staff told us they felt valued by the registered manager and the organisation. They said, "The manager is brilliant. They are quite level headed, fair and calm"; "The manager is good. They are lovely", "The manager deals with things in a calm manner. We are treated as equals" and "Overall it has improved since the new manager has been here".

There was an open and transparent culture. Staff told us they were able to give honest views and the staff were invited to discuss and issues or concerns that they had and that the manager listened and responded.

Regular staff meetings and a quality assurance survey gave staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues. The provider had a range of policies and procedures that gave staff guidance about how to carry out their roles safely, effectively and efficiently.

Staff had a handbook detailing the company's policies and procedures which were reviewed and updated when required. Records were readily available at the inspection and were stored safely to protect people's confidentiality.

The manager had an understanding of their responsibilities in recording and notifying incidents to the Kent local authority and CQC. All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The manager notified CQC in a timely manner and in line with guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety.</p> <p>The provider had failed to have proper and safe management of medicines.</p> <p>This is a continued breach of Regulation 12</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish and operate effectively systems and processes to ensure compliance with the requirements.</p> <p>This is a continued breach of Regulation 17</p>