Nurse Plus and Carer Plus (UK) Limited

NurseplusUK - Suite 1 Wellington Square

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

About the service: NurseplusUK - Suite 1 Wellington Square, is a domiciliary care agency in Hastings. It provides support with personal care to people living in their own homes. At the time of the inspection 33 people received personal care from the service.

People's experience of using this service:

People received support that was person-centred and met their individual needs, choices and preferences. People received support at times of their choice and systems were in place to make sure calls were not missed. Complaints had been recorded, investigated and responded to appropriately.

Staff understood people's care and support needs. They understood people's needs and choices and what was important to each person. People were treated with kindness, respect and understanding. They were enabled to make their own decisions and choices about what they did each day.

Staff understood the risks associated with the people they supported. Risk assessments provided further information and guidance for staff. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.

People were supported to receive their medicines when they needed them. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

People's health needs were met, they were supported to have access to healthcare services when they needed them. Staff received training that enabled them to deliver the support that people needed. Staff received support from the registered manager and their colleagues.

There was a clear staffing structure and staff were aware of their roles and responsibilities. The provider had a number of quality assurance systems in place and there was a focus on further improvement and development.

Rating at last inspection:
Requires improvement. (Report published 28 June 2018).

Why we inspected:
This was a planned inspection based on the rating at the last inspection. At this inspection we found the

service to be good.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe
Details are in our Safe findings below.

Is the service effective?

Good

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led
Details are in our Well-Led findings below.

NurseplusUK - Suite 1 Wellington Square

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team included one 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.

Service and service type:
This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:
We gave the service 4 days' notice of the inspection site visits. This was to ensure people could agree to being contacted by an inspector. Some of the people using the service could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.'

Inspection site visit activity started on 13 May 2019 when we contacted people and staff by telephone. We visited the office location on 14 and 16 May 2019 to see the registered manager and office staff; and to

review care records and policies and procedures. We visited people in their homes on 16 May 2019.

What we did:
Before the inspection we reviewed the information, we held about the service and the service provider. The registered 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with nine staff, this included the registered manager, a senior manager from the provider and care staff. We spoke with five people and nine family members by telephone to gather their views about the support received. We visited three people in their own homes. This helped us to observe interactions between people and staff and talk with people about the support they receive.

During the office site visit we looked at records, which included six people's care and medicines records. This included 'pathway tracking' two people using the service. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care. We checked training records and looked at a range of records about how the service was managed.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.
- People and their relatives told us they felt safe using the service. One relative told us, "My [relative] loves the one who comes every day, she is safe and happy in their presence, it is a lovely relationship, I am very satisfied."
- Staff received safeguarding training and were able to tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination. This included reporting to the senior person on duty or to other senior staff within the organisation.
- Where concerns were identified these had been referred to the appropriate authority. The manager worked with relevant organisations to ensure appropriate outcomes were achieved.
- Since the last inspection concerns had been raised that were referred to the safeguarding team at the local authority. This included a number of missed or late calls. The provider and registered manager worked with the safeguarding team to ensure improvements were made. Before this inspection we were told by the local authority that the safeguarding concerns identified had been addressed.

Learning lessons when things go wrong:

- Information about safeguarding concerns and outcomes were shared with staff. This helped to ensure, where appropriate, they were all aware of what steps to take to prevent a reoccurrence. This was done through staff meetings where staff were regularly updated about what was happening.
- Discussions with staff showed they were aware of the safeguarding concerns and what had been done to address them.
- Following the safeguarding concerns, changes had been made to the allocation of calls to staff to ensure calls were not missed. This included telephone calls to staff during the day to ensure allocated calls had been completed.

Assessing risk, safety monitoring and management:

- Risks to people were managed safely. There were a range of individual and environmental risk assessments. Risk assessments were written in a person-centred way. They were reviewed and updated when people's needs changed.

● Risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. This included information about mobility, falls and bathing.
● There was information about how to keep people safe at home. Some people smoked at home. The risk assessments provided guidance about what measures to take. This included the use of a smoking blanket and ensuring any ashtrays were emptied.
● Staff understood when people required support to reduce the risk of avoidable harm. For example, some people were at risk of sore skin. Staff could identify when peoples skin was becoming sore and the measures to take to reduce this risk. This included, completing a body map and informing the office staff who would then contact the appropriate healthcare professional for advice.

Staffing and recruitment:

● There were enough staff working at the service to ensure people received the care and support they needed at times of their choosing.
●People's visits were planned and included people's preferred time for the care visit and how many staff were needed. Time for staff to travel between visits was considered and planned for. Staff told us that if a care visit was taking longer than planned, they could speak to the office staff and they would let the next person know they may be late or make arrangements for the rest of their planned visits.
● A robust recruitment process was followed to ensure staff were suitable to work in the care environment. This included criminal record checks and references from previous employers.

Using medicines safely:

● There were systems to ensure medicines were managed safely.
● When safeguarding concerns had been raised this also included people who had missed their medicines. Systems had been implemented to make improvements. This included one to one or small group training to ensure staff were aware of the importance of giving medicines and recording them correctly.
● A relative told us, "His medication is well recorded, everything is in the care plan."
● Staff completed medicine training and medicine competencies before they provided support to people with medicines.
● Not all people using the service were supported by staff with their medicines. When this support was required, people's ability to manage their medicines had been assessed and considered. Staff were supported with guidance about the person's medicines.
● There were protocols for people who had been prescribed 'as required' (PRN) medicines. People only took these medicines when they needed it, for example if they were in pain. These described when and why PRN medicines may be needed.
● Staff were supported with guidance about the person's medicines and a medicine administration record (MAR) was in place. Staff recorded when people had taken the medicine or if it had been taken or refused.
● We observed staff giving people their medicines safely in a way that suited each individual. One staff member told us, "I check the MAR and the blister packs, I make sure I see the person take them."

Preventing and controlling infection:

● Risks around the prevention and control of infection were well managed. One person told us, "They use disposable aprons and gloves for infection control, they keep a box here, you cannot fault them."

● Staff had received infection control training, and this was updated regularly.
● Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people with personal care and the application of creams.

Good

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before they started having support from staff. The initial assessment included people's care needs, what they wanted from their care visits, individual preferences and other relevant information such as their medical and life histories.
- A staff member told us people's assessments may take longer than one meeting. They said, "Before we offer support we need to get to know the person so that we can provide what they need."
- Assessment records showed that the person and where appropriate their relatives or representatives were involved.
- The assessments were regularly reviewed to ensure people received the right support.

Staff support: induction, training, skills and experience:

- People and relatives told us they were satisfied with the skills and training of the care staff. One person's relative said about the care provided and added, "They are obviously well trained."
- Staff told us they received regular training and updates. They were also encouraged to complete further training in areas they were interested in. One staff member told us they were currently completing some training in relation to dementia.
- Staff new to the service were supported with an induction. This included training and shadowing experienced staff. The induction training included infection control, mental capacity, safeguarding, medicines and moving and handling. These were updated annually. Staff also received training that reflected the needs of people using the service. This included diabetes, epilepsy, learning disability and mental health.
- There was a practical element to the training. For example, moving and handling training included time spent using equipment such as mechanical hoists and slide sheets. The registered manager told us the classroom was set up as a person's home may be, for example, with trip hazards such as rugs. Staff skills and competencies were then assessed to ensure they were able to support people appropriately in their own homes.
- Staff completed medicine training but did not give medicines unless they had been assessed, by an appropriately trained senior staff member, as competent to do so.
- If concerns were identified about staff skills then further training was provided. This was done through small group or one to one training and used real situations as examples.
- Staff were supported with regular supervisions and annual appraisal. This included one to one meetings,

spot checks and observational supervision. The spot checks and field supervision included observation of the staff member in practice and included reviews of their skills, interactions with people and time keeping. Further training and support was provided as necessary.
● Staff told us they felt supported in their roles and could contact the office or on-call staff for guidance and advice.

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

● Where required, staff supported some people to have enough to eat and drink throughout the day. At the time of the inspection no-one required support to eat their meals. One person told us, "I have farm foods delivered and they microwave them, but they make my breakfast and leave sandwiches for tea."
● There was information in the care plans about the support people needed. This included encouraging people with diabetes to eat a healthy diet and supporting people to have a main meal of their choice each day. Staff told us they helped people to choose their own meals. One staff member said, "I show them a selection from the freezer and ask them to choose."
● One person did not eat well and there was guidance for staff to ensure the person was provided with a meal replacement drink at each visit.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

● Records showed, and people and staff told us, people were supported to access health care professionals when their needs changed. Staff contacted relevant healthcare professionals, for example the GP or district nurse, to ensure people received the appropriate care and support.
● The registered manager told us about ongoing work that was taking place, with the learning disability team to ensure someone with complex needs, received effective support.

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

● People's rights to make their own decisions were respected.
● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
● Staff told us how they supported people to make decisions. This included offering them choices of what to wear and what to eat. One staff member told us if, for example, a person declined personal care they would try and persuade them but would accept their decision. They would also report it to the office for advice.
● Mental capacity assessments had been completed for each person. These showed people were able to make day to day decisions but not complex ones, for example with regards to their finance. Through discussions with staff and observations we saw that mental capacity assessments for specific decisions were not needed at this time.

Good

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were kind and caring. They knew people who they looked after regularly, very well. When they were visiting people, they had not supported before, they contacted the office and read the care plans to make sure they understood the person and their needs.
- One relative told us, "Nurse Plus carers have made [name] a much happier person and given me peace of mind." Another relative said, "I would recommend the carers for their patience and support."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. They told us how they supported people individually. One person was living with dementia and spoke with staff about what they had done each day. Although the person no longer engaged in these activities, staff did not remind them of this as the person clearly enjoyed the conversation.
- Care plans included details of people's life histories, wishes and preferences. This included the gender of staff they would like to support them.
- People received support from staff who they wanted to look after them. If people did not get on with a staff member, for any reason, there were systems in place to make sure that staff member was not allocated to the call.

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

- People's care plans showed that they and where appropriate their relatives, were involved in making decisions about their care and support needs. These were regularly reviewed. Although care plans were detailed and clear, staff told us, and we observed, staff asking people about the care they wanted each visited. One staff member said, "I always ask people what they want, I wouldn't go off the care plan but will always ask."
- Another staff member told us about a person who was not able to communicate verbally. They explained they offered the person choices and they were able to show through facial expressions and smiles whether they were happy.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy, dignity and independence was promoted.

● Staff were aware how the concerns related to late or missed calls may have impacted on people's dignity and worked hard to ensure this did not continue to happen. One staff member told us, "A lot of these people have fought for their country, they deserve to be treated with respect."

● A relative told us, "They treat [name] and me with dignity and respect at all times. They knock on doors although they may be open, they never take advantage."

● People's care plans included information about how to maintain people's privacy. There was guidance about how to enter people's home. Whether staff were to knock and enter or use a key code. One person's care plan reminded staff the person liked them to be nearby but also liked to maintain their own personal space.

● One relative told us, "They keep [name] as independent as possible." They said this was done through offering the person choices.

● Staff told us how they supported people to remain independent and people's care plans provided guidance about how to support people's independence. One staff member told us about one person, they said, "I am there to support the person. They lead, and I will be there in the background and only step forward when they need me."

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

At our last inspection in June 2018, this key question was rated "requires improvement". This was because improvements were needed to the consistency of care staff providing the care calls and scheduling of care calls. We also found improvements were needed to the way complaints were managed. At this inspection, we found steps had been taken to address these issues. Therefore, the rating for this key question has improved to Good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Improvements had been made to the way care calls were scheduled. There had been a lot of changes over the previous year and this meant that a number of staff had left and recruitment had taken place.
- Visit times were agreed with people as part of the assessment process. These reflected people's individual needs and their preferences. Each person received a weekly rota to tell them what time their calls would be, and which staff member would be visiting. If changes were necessary, then people were informed. One person told us, "I get a weekly rota it's not always kept to, but they do ring up about changes to it." Another person said, "My carer kept coming early at 6pm instead of 7pm. I couldn't eat so early, she comes at the right time now."
- Staff told us on occasions they may be late to a call, for example, due to traffic problems. They told us they would contact the office who would then let the next person know there may be a delay. Staff were aware of the effect late calls had on people and how this was unsettling for them. One staff member added, "Being late is rude, so I try not to be."
- Improvements had also been made to the consistency of care staff. This was ongoing as staff left, and new staff joined the service. Staff told us they regularly visited the same people. One staff member said, "80% of my visits are regular, but when they're not regular I know what the person's needs are."
- One person expressed concerns that their regular staff member no longer worked at the service. The registered manager explained that although there were changes to the person's care staff team, the person would continue to receive care from regular staff.
- Staff knew people well and were able to tell us about people they supported, their care and support needs, choices and interests. Before supporting people, they had not met, staff were given information about the person, their care and support needs and background information. This helped to ensure people received care and support that met their individual needs.
- Care plans and risk assessments were detailed. They included information about people's needs in relation to personal care, mobility, nutrition and health. There was also information about people's personal histories, their hobbies and interests. Staff used this information to engage with people and develop relationships.
- People told us they received the care and support they needed. One relative told us, "They are vigilant, if

there is a mark on him they tell me immediately."
● For some people, part of their assessed needs included support to engage in activities with care staff. One person's care plan reminded staff to spend time with the person watching quizzes on television. We observed staff supporting the person to complete a crossword puzzle.
● People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
● Staff had developed a communication board for one person whose first language was not English. This included pictures the person could point to and words translated into the person's language which staff could use to communicate with the person. We saw staff using these techniques to communicate with and reassure the person.
● One person who was living with dementia did not always remember what they had been told. We saw staff wrote the person a note to remind them, for example, about shopping the staff member was going to buy for them.

Improving care quality in response to complaints or concerns:

● At the last inspection, in June 2018, people and their relatives told us that they did not feel listened to and concerns about inconsistent care calls were not addressed. At this inspection people and their relatives told us there had been improvements. One person said, "If I have an issue I ring up and they sort it."
● Some people told us that where issues had not been addressed this was because of communication issues in the office. The registered manager was aware this had previously been an issue and changes had been made to address it. This included having on-call staff who knew people and understood their needs.
● There was a complaint's policy and records showed complaints raised were responded to and addressed appropriately.

End of life care and support:

● Staff were able to meet people's end of life needs. However, no one was receiving end of life care at the time of the inspection.
● Care assessments considered whether people had any specific requests about end of life care. This information would be used to develop future care and support for people when required.
● Staff were aware of people's changing health needs and how to support them appropriately. This included ensuring they received appropriate medication, for example pain relief. They also maintained contact with healthcare professionals involved in the people's care.

Good

Is the service well-led?

Our findings

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

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

At our last inspection in June 2018, this key question was rated "requires improvement". This was because the provider had failed to make and sustain improvements to ensure the consistency of care staff and scheduling of care calls. At this inspection, we found steps had been taken to address these issues. Therefore, the rating for this key question has improved to Good.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care:

- Improvements had been made at the service to improve systems to ensure people received high quality person-centred care. One person said, "Because of staff changes things have been difficult but I think they are trying to resolve issues under the new management." Another person told us, "I would recommend Nurse Plus."
- Schedules for care calls had been improved. Copies of rotas were sent to staff and people. If there were any staff changes staff were informed by telephone and agreed to the change. This was confirmed by an email and the person was told.
- To help ensure care calls were not missed, a telephone alarm to senior office staff had been set up as a reminder about people with time sensitive calls. The office staff then contacted the staff member allocated to make sure they had visited the person.
- Each afternoon the office staff phoned each staff member to make sure all care calls had been completed. If a call had been overlooked, then this would be addressed promptly.
- In addition to these improvements there was on-going staff recruitment and changes made to the way call rounds were set up to continue to improve the consistency and scheduling of care calls.
- The registered manager was open and honest. She told us these changes had been made in light of the concerns identified at the service. This demonstrated that lessons had been learned and actions taken to prevent a reoccurrence.
- The registered manager was well thought of by people, relatives and staff. Staff told us they felt "Well supported" and there was "Always someone around."
- The registered manager was aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent with people and others in relation to care and support and to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

● The registered manager had a good overview of the service, what was needed to develop and improve the service further. This included improving the service for people and staff training and development.
● There was a quality assurance system which helped to identify areas that needed to be improved and developed. A recent audit identified improvements needed in some people's care plans. We saw some of this work had been completed. The registered manager told us about ongoing work with health and social care professionals to further develop the care plan for a person with complex needs.
● During the inspection we identified that some people had signed care plan agreements on behalf of people. However, they did not have legal authority to do this. This did not impact on people because other evidence within the care plans demonstrated discussions had taken place and the person had been involved. The registered manager and a senior manager from the provider told us it was a requirement of the provider that these forms were signed. After the inspection the registered manager told us this was being discussed at a senior management level and would be addressed.
● People and some staff told us there had been poor communication within the office. The registered manager had also identified these issues. Changes had been made to the staff team in the office and improvements had been made. During the inspection office staff showed a clear understanding of their roles and responsibilities and what was expected of them on a day to day basis.
● Staff told us there was a 24 hour on call system to access if they required support outside of office hours.
● Accidents and incidents were documented and responded to appropriately to ensure people's safety and well-being were maintained. These were analysed to identify any trends or patterns which may indicate further actions were needed to prevent any reoccurrences.

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

● People were given regular opportunities to provide feedback about the service. Annual surveys were sent out for people to tell the provider about their experience of the service.
● There were regular spot checks and observed supervision for staff. During these supervisions people and relatives were asked for their feedback, both about the staff providing care and the service they received in general. They were also able to communicate any changes that they would recommend.
● One person told us, "I have had issues resolved to my satisfaction and I am happy with the new management. People are approachable to discuss difficulties as they arise."
● There were regular staff meetings where staff were informed about changes at the service and reminded of their roles and responsibilities. Meeting minutes showed staff were informed of the concerns that had been raised about the service and what was being done to address it. Staff we spoke with were aware of the concerns and what had been done to address them.
● Some staff told us on occasions they did not have enough travel time to get to people. The office staff explained that staff timesheets were analysed retrospectively to ensure staff had been given enough time to get to people. If travel had taken longer than expected, then future timings were altered accordingly.

Working in partnership with others:

● The registered manager worked with other organisations to improve services for people. They attended provider forums, where information is shared to support joint working, services and other providers.

● The registered manager and staff worked in partnership with other services, for example their GP, social workers, learning disability and mental health teams to ensure people's needs were met in a timely way.