Nurse Plus and Carer Plus (UK) Limited

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Inspection report

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Date of inspection visit:
22 May 2018
25 May 2018
04 June 2018

Date of publication:
24 July 2018

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 service is a domiciliary care agency which provides personal care to people living in their own homes. It provides a service to older and younger adults, people living with dementia, autistic spectrum disorder, physical disability, mental health needs and sensory impairment. The service enables people living in Southampton, Eastleigh and the surrounding areas to maintain their independence at home. At the time of our inspection there were 21 people using the service, who had a range of health and social care needs which were met by 20 staff.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. At this inspection we found the service continued to meet all relevant fundamental standards. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm, neglect, abuse and discrimination by staff who understood their responsibilities to safeguard people. Risks to people were assessed and plans were devised to minimise potential risks, whilst promoting people's independence. Medicines were administered safely, as prescribed and in the manner individuals preferred. Prospective staff underwent pre-employment checks to ensure they were suitable to provide care for people made vulnerable by the circumstances in their own home. There were always enough staff with the right experience and skills mix, to provide care and support to meet people's needs.

Staff were enabled to develop and maintain the necessary skills to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice.

The registered manager had developed effective partnerships with relevant professionals and quickly referred people to external services such as GPs, community nursing and learning disability teams, dieticians, opticians and dentists, when required to maintain their health. People were supported staff to maintain high standards of cleanliness and hygiene in their homes, which reduced the risk of infection. Staff followed required standards of food safety and hygiene, when preparing or handling food. People were supported to have a healthy balanced diet and had access to the food and drink of their choice, when they wanted it. Staff supported people with applications to achieve adaptations to their home environment to meet their individual care needs.

People experienced caring relationships with staff who knew about their individual needs and how to support them to meet the challenges they faced.

People's needs had been assessed regularly, reviewed and updated. Their support plans were detailed and personalised to ensure their individual preferences were known. People's support plans, promoted their independence and opportunities to maximise their potential.

People were supported to take part in activities that they enjoyed. Staff supported people to maintain relationships with those that mattered to them, which protected them from the risk of social isolation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well-led.	Good

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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 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.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, the Provider Information Return (PIR) and statutory notifications. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. A notification is information about important events which providers are required to notify us by law.

The announced inspection was conducted by one adult social care inspector. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

In the course of our inspection we spoke with 8 staff, nine people who use the service and three relatives of people using the service.

On 22 and 25 May 2017 we visited the provider's office and spoke with three people who had invited us to see them in their homes at the time of their care visits. During the office visits we spoke with the registered manager, the field care supervisor, two coordinators, the provider's quality assurance manager and advisor, the provider's specialist nurse trainer and four new staff. On 4 June 2018 we spoke with three health and social care professionals and six people who used the service by telephone.

We reviewed eight people's care plans, including daily records and medicines administration records. We looked at eight staff recruitment files, and reviewed the provider's computer training records. We reviewed

the provider's policies, procedures and records relating to the management of the service, including quality assurance audits and complaints. We considered how comments from people, staff and others, as well as quality assurance processes were used to drive improvements in the service.

Good

Is the service safe?

Our findings

People continued to experience care that met their needs and made them feel safe. One person told us, "The ladies [staff] are wonderful. They take care of me like their own mum. What more could you ask." A relative told us, "The carers know exactly what to do to make sure [their loved one] is safe and happy."

People were consistently protected from avoidable harm, neglect, abuse and discrimination. Staff had completed the required training to understand their role and responsibilities to safeguard people from abuse. When concerns had been raised, the management team carried out thorough investigations in partnership with local safeguarding bodies. Staff told us they felt valued by the registered manager and that whilst safety of people using the service was paramount, they also ensured staff safety and welfare.

There was an open culture in the service where learning from mistakes, incidents and accidents was encouraged. Staff performance relating to unsafe care was recognised and responded to quickly.

There were always enough staff deployed with the right mix of skills to make sure that care and support was delivered safely and to respond to any unforeseen events. For example, the registered manager ensured that people's preferred staff were available. Staff underwent relevant pre- employment checks to ensure their suitability to support people living with a learning disability.

Staff managed medicines consistently and safely, and involved people and their families where appropriate in regular medicines reviews and risk assessments.

Staff understood the causes of behaviour that distressed people or put them at risk of harm. Where people were subject to restrictions to reassure and keep them safe, these were minimised to promote people's freedom. For example, supporting people to access the community safely.

People supported staff to maintain high standards of cleanliness and hygiene in people's homes, which reduced the risk of infection. Staff followed required standards of food safety and hygiene, when preparing or handling food.

The management team completed needs and risk assessments, which promoted people's independence, while keeping them safe. Risk assessments gave staff clear guidance about how to support people safely. For example; risk assessments were specific to the individual person and not generic relating to their diagnosis.

People's support plans and risk assessments identified how potential risks should be managed to reduce the likelihood of harm occurring to people. For example, risks to people in relation to their mobility had been assessed. These assessments identified the number of staff required to support them to mobilise safely, together with any supportive equipment.

Staff knew the risks to people and were able to explain how they followed guidance to protect them, for

example; Skin assessments identified people who were at risk of developing pressure areas and provided clear guidance about how to reduce this risk.

When required the registered manager and staff made referrals to relevant health professionals, such as the district nursing team, physiotherapists, occupational therapists and other healthcare specialists. This ensured that the person's changing needs were urgently reviewed and plans could be put in place to provide the most appropriate care and treatment to keep them safe.

Good

Is the service effective?

Our findings

People continued to receive support which achieved their desired outcomes and promoted a good quality of life, based on the best available evidence. Relatives consistently praised the skill and expertise of the staff in meeting people's health and emotional needs. One person told us, "My girls [staff] are the best. They know what I need and how I like them to help me." Another person told us, "They [staff] have all had training about what I need and my care is always spot on."
A common theme reported by people and their relatives was the cheerful disposition and positive attitude of the staff, and the significant impact this had on their own mood and well-being. One person told us, "Even when I'm down in the dumps they cheer me up, which makes me feel better."

People had detailed care plans which were enhanced by positive behaviour and communication support plans, which promoted their independence and opportunities to maximise their potential. These had been developed with people and their families where appropriate, on evidence based guidance and recognised best practice.

People and relatives told us that the office staff were attentive and responded effectively to any concerns they had with positive action. People, relatives and health and social care professionals consistently made positive comments about the effectiveness of the service. One professional said, "They [staff] are committed to finding solutions to provide the best care possible." People and their relatives told us they experienced support from staff in accordance with their support plans, which we observed in practice.

Prompt interventions initiated by staff had consistently resulted in positive outcomes for people, for example; referrals to district nurses, speech and language therapists, occupational therapists, and mental health services.

All staff had completed a comprehensive induction and did not work unsupervised until they were confident and had been assessed as competent to do so by the registered manager. Staff had received effective training and supervision to maintain and develop their skills and knowledge, which enabled them to support people and meet their needs effectively. The management team effectively operated a competency framework to assure that the training and support provided to staff was being delivered in practice.

People were supported to eat a healthy diet of their choice by staff who had completed training in relation to food hygiene and safety. Care plans detailed people's specific dietary requirements, preferences and any food allergies. Staff knew people's food and drink preferences and understood what action to take if they identified a person to be at risk of malnutrition. Staff training enabled them to support people to eat and drink sufficient amounts to maintain their health, for example; to prevent the development of pressure sores.

People were supported by staff who understood the need to seek people's consent and effectively applied the guidance and legislation of the Mental Capacity Act 2005 in relation to people's daily care. People were supported to have maximum choice and control of their lives and staff supported them in the least

restrictive way possible; the provider's policies and systems supported this practice.

Whilst the service did not provide accommodation, the field care supervisor effectively supported people to ensure their individual needs were met by the adaptation, design and decoration of their homes.

Good

Is the service caring?

Our findings

People continued to experience kind and compassionate care.

Staff were highly motivated and passionate about delivering the best care possible to people living in their own homes. People and relatives said staff were warm and friendly and spent time building meaningful relationships with them. Regular staff always found time to have a chat with people, which they told us, made them feel valued. Staff did not just focus on people's support needs but engaged people in two-way conversations about things that were important to them, such as their families. Staff spoke with fondness, affection and in-depth knowledge about people, their life stories, their likes and dislikes, as well as their care and support needs.

Staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. For example, people had preferred members of staff who were introduced to support and reassure them at times of high anxiety. People had as much choice and control as possible in their lives, including the choice of staff who provided their personal care.

People and where appropriate their relatives were involved in their care planning, which took into account their wishes, needs and preferences. Relatives consistently told us that the registered manager and staff made them feel their feelings and opinion mattered and staff were consistently able to explain what was important to the people they were supporting. People and their families praised the management team for keeping them updated and involving them in important decisions.

Staff consistently demonstrated that respect for privacy and dignity was at the heart of the service culture and values, in their delivery of day to day care. Staff told us it was important to enable people to remain independent and clearly understood people's individual needs around privacy and dignity, which we observed in practice.

People's care records included an assessment of their needs in relation to equality and diversity. Staff understood their role to ensure people's diverse needs and right to equality were met, through care which respected their privacy and dignity, whilst protecting their human rights.

People were able to make choices about their day to day lives and staff respected those choices. The field care supervisor told us they focused on the person's description of how they wanted their care provided. People's care plans noted their preferred method of communication and detailed what information staff should give the person to support them.

Staff consistently interacted with people in a calm and sensitive manner and used a variety of tools to communicate with people according to their needs. For example, we visited two people who were living with a hearing impairment. Each person praised the patience and care taken by staff to communicate with them effectively and to ensure their understanding of choices and other decisions.

Where people had unusual or complex requirements, in relation to their individual communication needs, these were embraced and delivered by staff in a caring manner. Where people had limited verbal communication staff ensured they were provided with explanations and information in accordance with their support plans, which we observed in practice.

When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Relatives described how staff often used gentle touch where required to enable people to focus on what was being discussed, which we observed in practice.

Personal information about people was respected by staff who understood their responsibilities in relation to data protection. Care records were stored securely and were kept confidential, in accordance with the provider's policies, which were readily accessible to people and staff.

Good

Is the service responsive?

Our findings

People continued to experience person-centred care that was flexible and responsive to their needs, which was focussed on them rather than the requirements of the service. One person told us, "We [staff and the person] always have a laugh and a giggle. I look forward to seeing them and they always make sure I get the proper care when I need it." Another person said, "They [staff] are wonderful at taking my mind off things and making me feel they care about me."

The registered manager and field care supervisor had involved people's nominated representatives to support them with important decisions, which records confirmed. People contributed to the assessment and planning of their care as much as they were able to.

People and their relatives, when appropriate, had been involved in planning and reviewing their care on a regular basis. Support plans and risk assessments were up to date and reviewed quarterly or more frequently when required. Relatives consistently told us they were pleased with the way they were involved in their family member's care planning and how they had been kept informed of any changes by the service.

People's care records demonstrated their needs had been assessed prior to them being offered a service. The field care supervisor told us that as the needs and risk assessments were developing they immediately began to think about which staff members had the most suitable skills to meet the person's needs. Staff with experience working for alternative providers consistently told us one of the strengths of this service was their ability and determination to match people's identified needs with the most appropriate staff. For example, where people lived with a sensory impairment, they were supported by staff with similar impairments who had life lived experience.

Staff told us they were encouraged to actively develop people's care plans if their needs changed or new information came to light about their life or preferences. People consistently reported that the communication from the coordinators and office staff was very good. People also received a quarterly quality assurance visit as part of the provider's staff supervision process.

People experienced care and support that reflected their wishes and promoted their individuality. Staff got to know people and the support they provided was developed around their needs. Staff understood how to support people to promote their independence and maximise the opportunity to do things of their choice, for example; supporting people to try knew experiences and allowing people to do everything they were capable of or had the potential to do. One person who experienced low self-esteem had been effectively supported and encouraged to successfully apply for a job. Another person had been supported to improve their confidence by using their mobility aids to access the community and visit their family. People told us that staff commitment to promoting their independence had a positive impact on their wellbeing.

People and their relatives consistently told us staff ensured that support was provided and tailored to meet their loved ones' individual needs, for example; people recovering from a stroke or acquired brain injuries.

People and their relatives told us staff responded to their needs and wishes in a prompt manner. Staff were alert to people's non-verbal communication methods and identified and responded to their needs quickly, which we observed in practice. People's care records detailed any changes to their health and behaviour and the subsequent updates to relevant risk assessments, for example; one person was provided with more support from preferred staff, when they experienced behaviour which may challenge. The registered manager ensured this person experienced consistent care from designated staff who knew and understood the triggers for their behaviour which may challenge and the measures to implement to support and reassure them.

The registered manager and management team sought feedback in various ways such as quality assurance visits and telephone calls. The registered manager ensured this feedback was acted upon through staff meetings and supervisions and was shared with people by staff and newsletters.

Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved. People and relatives consistently felt that staff listened to their ideas and concerns, which were quickly addressed. The registered manager had a system in place to analyse the learning from complaints and where appropriate address any issues with relevant staff in supervisions or staff meetings.

At the time of inspection, the service was not supporting people with end of life care. However, people were offered regular opportunities to discuss their advanced wishes in relation to this aspect of their future care.

Good

Is the service well-led?

Our findings

The service continued to be consistently well-managed by the registered manager who led by example and provided clear and direct leadership. The provider and management team had created an open, inclusive, person-centred culture, which achieved good outcomes for people, based on the provider's values. These values focussed on treating people with dignity and respect.

The registered manager consistently monitored the support provided against these values to ensure they were embedded in staff practice. People and relatives told us that staff consistently demonstrated their understanding and application of the provider's values in their day to day care, which we observed in practice.

People and their families consistently praised the quality of the support they received and told us that the service was well-led. One person told us, "The manager and office staff are always helpful and listen to what you say." Another person said, "The girls in the office always make you feel that they are interested and always sort things out for you."

Staff told us the coordinators were experienced at delivering care which meant they understood how to schedule visits effectively and support staff, for example; the coordinators ensured staff had time to provide people's care in the way they preferred by effectively scheduling travelling time between visits.

People, staff and health and social care professionals told us the service was well-led by the registered manager who was effectively supported by their management team. People, relatives and staff told us all of the management team were approachable, willing to listen and readily available. People and staff particularly praised the registered manager for being a good listener who took action to address their concerns.

The provider was focused on the development of staff, who were supported to achieve accredited qualifications to continually improve the service people received. Staff had completed or were in the process of completing external qualifications relevant to their role. For example; one staff members had been supported with their personal development by becoming the service 'Dignity Champion'. This staff member was identified to have the potential, with additional training, to provide peer support and guidance to colleagues in relation to issues surrounding dignity and equality.

Staff told us the management team readily praised them when they had performed well and exceptional work was recognised, for example during staff meetings and supervisions. The registered manager promoted the link between people's positive experiences of their care and recognition of staff good practice.

The registered manager demonstrated good management, for example; staff told us the registered manager was very approachable and encouraged staff to discuss any concerns with them. Three members of staff told us how the registered manager had sensitively supported them at a difficult time.

The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities. The registered manager made staff feel respected, valued and well supported. Staff told us the management team listened to their ideas and suggestions and gave them constructive feedback, which motivated them to provide the best quality care for people. For example, the field care supervisor and coordinators adopted staff suggestions to improve the quality of people's care.

The registered manager had developed an open culture within the service, which encouraged learning from mistakes. Staff told us they had received constructive feedback from the registered manager and field care supervisor and training to improve their performance, where required. For example, in relation to identified medicine errors.

The provider ensured the service delivered high quality care through support delivered by their quality assurance manager and advisor which identified all significant events and operational risks.
The registered manager operated an effective system of checks and balances. Where areas had been identified to require improvement, these were subject to an action plan which had been completed. The provider was aware of potential risks which may compromise the quality of the service and took action where required to reduce these.

The registered manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care. For example, the close liaison with respective health care specialists and people's social workers to support individuals' complex care needs.