Nurse Plus and Carer Plus (UK) Limited

Nurse Plus and Carer Plus (UK) Limited - Swindon

Inspection report

5 Pine Court
Kembrey Park
Swindon
Wiltshire
SN2 8AD

Tel: 01793496744
Website: www.nurseplusuk.com

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Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

This inspection took place on the 31 October 2016 and was announced.

Nurse Plus and Carer Plus (UK) Limited – Swindon provides a domiciliary care service to enable people living in Swindon and the surrounding areas to maintain their independence at home. There were 38 people using the service at the time of the inspection, who had a wide range of physical and health care needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
We found that arrangements were in place to monitor staff attendance at work and to minimise the number of missed calls. However, people told us that staff had not always been available to attend a call and to provide care to people at the agreed time.

We looked at medication administration records (MAR) held within the agency office. We saw that apart from some gaps in MAR records, these had been completed appropriately. People were satisfied with the staff handling of their medicines and told us they received their medicines in a timely manner.

People told us they felt safe and trusted staff. Staff had completed safeguarding training and had access to the guidance and contact numbers of the local authority. Staff members were able to recognise if people were at risk and knew what action they should take to protect people from harm. People were kept safe as safeguarding incidents were reported and acted upon.

The provider operated safe recruitment practices. These included seeking references from previous employers and checks with the Disclosure and Barring Service. This helped to make sure that only suitable staff of good character were employed by the service.

Staff received comprehensive induction training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf and in their best interests.

Records were stored securely, protecting people's and staff's confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Relevant processes were in place to protect the

confidential information.

People received a personalised service. When initial assessments were carried out, the level of support people required was identified. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

Most of the people told us the management team responded promptly to their concerns. People were provided with opportunities to express their views regarding the quality of the service through satisfaction surveys and regular visits of coordinators to review their care.

The registered manager and the provider carried out a comprehensive programme of regular audits to monitor the quality of the service and plan improvements. The registered manager monitored people's support and took action to ensure they were safe and well. People's welfare, safety and quality of life were scrutinized through regular checks on how people's support was provided, recorded and updated. We found that accidents and incidents had been recorded appropriately. There was evidence that learning from the incidents and investigations was reflected on and appropriate changes were implemented to enhance the service.

The service promoted an open and inclusive culture. The registered manager was perceived as an open and approachable leader by staff, people and their relatives.

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.

Staff had not always been available to attend a call and to provide care to people.

People's medicines were administered safely. However, this was not always recorded in medicines administration records (MAR).

There were processes in place to help make sure people were protected from the risk of abuse. Staff were trained in safeguarding vulnerable adults procedures.

Staff employed by the service had been subject to pre-employment checks to make sure they were suitable to work at the service and people felt cared for safely.

Is the service effective?

Good

The service was effective.

Staff received training, supervision and support to enable them to acquire and improve the knowledge and skills required to perform their roles.

Staff understood the importance of the requirements of the Mental Capacity Act 2005 and gained people's consent in line with legal requirements.

People were supported to have good health and staff had knowledge of their nutritional needs.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff promoted people's independence and ensured their privacy and dignity were respected in the way their care was provided.

Caring, positive relationships had been built between people and the staff who supported them.

Is the service responsive?

Good

The service was responsive.

People were involved both in planning and reviewing their care and support.

People's needs were thoroughly assessed. Support was provided in line with people's assessed needs and their preferences were taken into account.

People knew how to make a complaint and any complaints made had been investigated and responded to.

Is the service well-led?

Good

The service was well-led.

We observed a positive and open culture during the inspection.

The provider had systems in place to check whether people received appropriate care and support.

Staff told us they felt well supported and valued, and that they could express their views freely. They said the registered manager was supportive and approachable.

Nurse Plus and Carer Plus (UK) Limited - Swindon

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.

This inspection took place on 31 October 2016 and was announced. The provider was given 48 hours' notice before we visited the office because the service provides care to people within their own homes. The provider and staff operated from a central office and we needed to be sure that they would be on the premises so that we could speak with them during the inspection.

The inspection was conducted by 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. The expert had the experience of caring for someone who used domiciliary care services.

Before the inspection 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. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with seven people who were using the service and one relative of a person who received care from Nurse Plus and Carer Plus (UK) Limited – Swindon. We also spoke with four staff members, the registered manager and the provider.

We looked at the care records for five people who were using the service, medicine records for four people, four staff recruitment records and staff training related information. We also checked how the provider

monitored the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with and their relatives told us they did not have any concerns about people's safety. People admitted they felt safe with and trusted the staff who supported them.
One person told us, "I feel safe". Another person said, "The carers make me feel safe".

The staff we spoke with were certain that people were safe using this service. They ensured us they knew how to identify abuse and the procedure to follow if they were concerned about a person's safety or welfare. All staff members told us that they would be confident reporting any concerns to the registered manager. Staff also told us they had received training in how to protect people from the risk of abuse. This was confirmed by the records we saw.

Care plans contained risk assessments which stated whether it was safe for the person to receive service in their own home. An initial environmental assessment was carried out to determine whether care and support delivery might be hazardous to people or staff. Identified risks had been assessed and actions taken to shield people from harm whenever possible. For example, we saw that risk assessments had been developed in relation to moving and handling. Specific information was available for staff to ensure that people were cared for safely. One plan contained an assessment of risks to a person relating to bathing and gave clear detailed guidance to staff regarding the person's safety. Another plan contained risk assessments and guidance related to the person's poor eyesight. The plans emphasised the activities each person wanted to complete and specified how staff were to support them. Staff informed the registered manager if people's abilities or needs changed so that risks could be re-assessed. We saw the care plans had been updated following changes in people's risks. For example, bathing risk assessments or choking protocols were added to people's care plans.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the office so that appropriate action could be taken. For example, we saw the evidence of carers being retrained or suspended following poor moving and handling practice.

The provider had an ongoing staff recruitment programme with procedures which ensured people were supported by staff with appropriate experience and character. Staff had undergone relevant recruitment checks as part of their application and all the checks were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Suitable references confirmed the details staff had provided and constituted proof of their satisfactory conduct in previous health and social care employment. Recruitment files showed that a thorough system was in place for pre-employment checks.

The provider employed sufficient numbers of staff to keep people safe and to meet their needs. The service was still developing and staffing levels were determined by the number of people using the service and dependency levels. The registered manager was careful to start providing support to people only when they were sure they could meet people's needs safely. Staffing levels could be adjusted according to the current

needs of people. If needed, the service offered people additional hours of support.

All but one of the people we spoke with told us staff never missed a call. Having talked to people and reviewed the records, we noted that the provider committed to inform people if staff were running either early or late for 30 minutes either side of the scheduled visit time. People told us they were sometimes informed but not always. One person told us, "If it's going to be more than 10-15 minutes, they usually phone, the on-call will phone". Another person told us, "Most of the time they arrive on time. The office is not very good at letting us know that carers will be late and sometimes you worry that something has happened to the carer". Staff and the registered manager told us that there were enough staff at the present time, which was balanced with the allocation of care hours provided to ensure that all visits were covered efficiently. A member of staff told us, "I do think there are enough staff, there are several different rounds and I feel that the carers who work them are confident in their roles as carers". The service used an electronic monitoring system to check on staff's attendance and find out if there were any missed visits. There had been one missed visit, however, the person told us this had not affected their well-being. The person told us, "I phoned when the carer never came, but told them 'Don't bother to send someone' as I managed to do everything myself". We found that according to the monitoring system printouts sometimes staff were more than 30 minutes late or early and people were not always notified about the lateness of staff. One person told us, "The office is not very good at letting us know that carers will be late and sometimes you worry that something has happened to the carer".

People told us they were provided with a weekly schedule which informed them of the allocated time for their calls and the carer allocated to them. People expressed their appreciation of being provided with this information. However, the schedule did not always arrive on time. When asked if they were notified of any changes to their allocated carer, people told us they were not notified of these changes. One person admitted, "I usually get the sheet on Saturday, but not this week". Another person told us, "The list doesn't always come on time. I didn't get it until last night and the names on it are not necessarily the ones who come". We raised this issue with the registered manager who assured us that they were going to send the rota using 1st class stamps instead of 2nd class stamps in order to speed up rota's delivery to people's homes.

People received their medicine as prescribed. We reviewed people's medicine administration records (MARs) and saw staff had signed to record what medicine had been administered. Four out of five MARs we looked us contained accurate records while one had a number of missed entries. However, we were assured that the person had received their medicines as this was recorded in the person's daily notes, therefore it had no impact on the person's health and well-being.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their role effectively. People we spoke with were positive about the staff who supported them. People indicated to us that they got on well with staff and that staff provided 'good support' that they liked. Relatives we spoke with told us they had confidence in the skills and knowledge of the staff that supported their loved ones. When asked if they felt staff were sufficiently skilled and experienced, one person replied, "Definitely, they are very well trained". Another person said, "They all know how to use the equipment".

All of the people we spoke with told us they felt the staff were well-trained and competent to perform their role. All of the staff we spoke were certain they had received enough training to give them the skills and knowledge to provide people with effective care. They said that the training was high-quality and useful. Staff had received training in a number of subjects including supporting people to move safely, food hygiene, infection control and safeguarding adults. Some staff had also received training in percutaneous endoscopic gastrostomy (PEG) and Stoma Care. PEG is an endoscopic medical procedure in which a tube (a PEG tube) is passed into a patient's stomach to provide a means of feeding when oral intake is not adequate. Staff told us that the training they received was mostly classroom-based and that some training courses, such as moving and handling, had a practical element where they could practice using different types of equipment.

When care workers joined the service, they were required to complete training before starting work. Then they completed a period of shadowing their more experienced colleagues. One care worker said, "I was able to shadow my colleagues to get the knowledge of our clients until I was confident to work on my own".

Staff received regular supervision and appraisals. This helped to ensure they had the skills and knowledge to undertake their role effectively. Topics for discussion included what had been and what was happening in the house, any concerns or problems, training and development, support plans and reviews of support. Staff told us that they did not have to wait for a scheduled supervision to have a discussion with management and knew they could approach them at any time to voice concerns or suggestions. A member of staff told us, "Supervision meetings are very important. We can discuss things and ask for additional training if needed. Also, we receive some constructive feedback on our performance at work".

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff and the management demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They were aware of their responsibilities and had a good understanding of

how the MCA related to their work. They told us they sought consent from people before they offered care. When they had concerns regarding a person's mental capacity, they referred to appropriate professionals so that relevant decisions would be made in people's best interests. People's rights to make their own decisions were promoted. A member of staff told us, "As part of my induction at nurse plus, I undertook 4 days of training which included the Mental Capacity Act 2005. A very recent example of where I have put it in practice is when on the arrival of paramedics, a client who is deemed to have full capacity, declined treatment in hospital. Although paramedics, family and myself knew he needed the treatment, he wanted to stay at home. We contacted the prescribing doctor who gave the client medication to administer at home instead".

The provider had obtained copies of people's lasting power of attorney (LPA) or had requested a copy. An LPA is a legal document that lets a person appoint one or more people, attorneys, to make decisions on their behalf. They can act in relation to people's health and welfare or property and financial affairs. This ensured the provider knew who was legally able to make decisions on people's behalf in a certain case. The registered manager ensured people's attorneys were involved in people's care planning where required.

Care plans detailed people's specific dietary requirements, preferences and any food allergies. People were supported to eat a healthy diet of their choice by staff who had completed training in relation to food hygiene and safety. Staff knew people's food and drink preferences and were able to tell us what action they would take if they identified a person to be at risk of malnutrition. One person told us, "I get to eat what I ask for, or they suggest an alternative if it's not there".

We saw from people's records that a variety of healthcare professionals were involved in people's care. These included physiotherapists, occupational therapists and chiropodists. This showed people had access to the services and support they needed in order to meet their healthcare needs.

Good

Is the service caring?

Our findings

People and their relatives we spoke with told us that staff were caring and friendly. One person said, "Staff have a kind and caring approach. A lot go out of their way to make sure I'm okay, mentally and physically. They go the extra mile". One person's relative remarked, "They are very friendly, and they try to engage with my father as best they can".

Each person we spoke with told us that staff treated them with respect and asked them what assistance they would like. People said that staff protected their privacy and dignity and that their personal care was provided in private in their own homes. One person told us, "They respect my dignity and privacy at all times, no matter who is here. They have to do what we ask without being disrespectful".

People told us that staff approached them in a sensitive, respectful manner, requested consent prior to support being provided and interacted positively with people. Staff told us they explained to people what they were going to do before they commenced supporting people with personal care.
People's care plans noted their preferred method of communication and detailed what information they should give the person to support them. Staff took steps to protect people's dignity and respected their choices and wishes. A member of staff told us, "I always try to explain step by step what I'm going to do. Then the person knows what to expect and is calm and reassured that nothing wrong or unexpected is going to happen". Staff told us they were confident people received a high quality of care from the service. They told us that they knew people who used the service well and knew the support individuals required.

People and relatives, where appropriate, were involved in making decisions about their own care and support. If they were unable to do this, their care needs were discussed with the relatives. People told us they were able to make choices about their day-to-day lives and staff respected those choices. The registered manager told us staff planned care with people and focused on the person's description of how they wanted their care provided.

Staff knew how to promote people's independence. One member of staff told us, "A client I visit enjoys cooking and making themselves something to eat. Although needs assistance in doing so. We always go to the kitchen and I show them what [person] has available, which they choose from and I guide them in cooking it. Since doing this, they are much more confident and look forward to my visit".

Information was kept confidentially and there were policies and procedures in place to protect people's confidentiality. There was a confidentiality policy which was accessible to people and staff. Staff were aware of the importance of maintaining confidentiality and gave examples of how they did this. Staff told us it had been impressed upon them by the registered manager not to discuss people's care in front of others. The provider respected people's personal information which they treated confidentially.

Good

Is the service responsive?

Our findings

Most of the people told us they received care that was responsive to their needs and personalised to their wishes and preferences. People or their relatives were able to commission the services required. People were able to decide how much care and support they required and when it was to be delivered. One person told us, "I am quite satisfied with the care I receive and I can tell them what is needed".

An assessment of people's individual needs had been conducted before people began to use the service. Following this assessment, the person's preferred routine and the ways in which they wanted to be supported had been documented. This guidance for staff was thorough and clear. The staff we spoke with told us this gave them all the information they needed to provide people with individualised care.

Staff knew the preferences and dislikes of the people they were supporting. Staff were also aware of the individual personalities of people. There was information in people's care records about their life histories that they had shared with the service. This gave staff access to detailed information about people which could help them strike up a conversation that was meaningful to the person. The care plans also contained details of people's cultural background, including information about how this affected the way they wished to receive their care.

The service responded to people's changing needs. For example, if a person needed to attend an appointment the time of their support visit was changed. This meant that where possible care was flexible. People also told us they were able to request a change of staff assisting them with care. One person said, "We had one person who was very lazy, who let everyone else do the work. I spoke to the office and she was replaced immediately". The registered manager told us and staff confirmed that sometimes people requested the service to provide them with support earlier than it had been originally scheduled. People asked for that due to the time of the year, as they felt tired and preferred to be assisted to bed earlier.

Care reviews and spot checks on staff were carried out on a regular basis. We noted that these gave people opportunities to feed back their views about the quality of the care they had received. As a result, people's care packages were reviewed and care plans updated to reflect people's changing needs. One person told us, "They come and do reviews. Someone from the office comes here every three to six months. I have all the paperwork in my folder".

Staff recorded in a daily log the care and support they provided, and the record was kept in the person's home. Staff described how the person was feeling, the food prepared and any contact with others such as healthcare professionals. The records also included any pharmacy support obtained in the management of people's medicines. This meant that proper communication within the service was maintained and staff were always updated about people's state of health and well-being.

Regular feedback was requested from people about their care which gave them the opportunity to raise any concerns they had. This feedback was gathered either on the telephone or face to face. Any complaints and concerns that had been raised had been recorded and investigated. We saw evidence that action had been

taken such as re-training for staff where it had been deemed necessary.

People had a copy of the provider's complaints procedure in a format that met their needs. The procedure had been explained to them and, where necessary, their relatives. Staff knew the complaints procedure but told us they dealt with concerns of minor importance immediately as soon as they arose to prevent them from escalating. 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 said they felt staff listened to their ideas and concerns, which they quickly addressed. People told us they had complained and that the issues raised by them had been mostly resolved to their satisfaction. They said they were confident any complaint would be dealt with appropriately by the registered manager or team leaders.

One person told us about a complaint they had made and this had been satisfactorily resolved by the provider. They said "One of the new carers had difficulties to get in as they did not know the key code. I complained to the manager and it was appropriately addressed". Records showed all the complaints had been recorded, investigated and acted on. Where required, relevant action had been taken under the supervision of the registered manager.

Good

Is the service well-led?

Our findings

The service had a registered manager who was registered with the Care Quality Commission (CQC). The culture of the service was open, transparent and focused on the needs of people who used the service. People we spoke with said that they knew the registered manager in person and they knew how they could contact them. However, three people and one relative told us that they were not always able to talk to the registered manager or to a person on call. One person told us, "I can never get through". A person's relative said, "The manager is fantastic, always available, as is (another member of office staff), but sometimes communication is not good".

We asked the registered manager if they were aware of the communication problems. They told us this had been raised with them on a number of occasions and they were in the course of addressing this issue. We saw team meetings minutes where staff had been informed that all calls to staff members on call were going to be audited in order to find a way to improve communication channels. The auditing of phone calls was still in the progress at the time of our inspection. However, the registered manager told us they had identified some patterns they were going to address. For example, the number of unnecessary phone calls from staff during weekends that could be reduced in order to improve communication between the person on call and people.

The staff we spoke with told us they felt supported in performing their duties and understood their individual roles and responsibilities. They felt the registered manager and the provider led the service well and provided them with satisfying leadership and guidance. They said their morale was high and that they all cooperated well as a team to deliver good quality care. A member of staff told us, "When carers are out working, it can be very daunting, but knowing you have your field care supervisors around and the ladies in the office helps a huge amount".

The provider's values focused on treating people with dignity and respect whilst providing high quality care. Staff told us they shared the vision and values of the provider. One member of staff said, "People are always at the centre of our focus. We always try to do the best we can for them." Another member told us, "There are some things to improve but we are always encouraged to provide good quality of care and to challenge poor practice."

There were regular staff meetings which were an opportunity to share ideas, keep up to date with good practice and plan service improvements. For example, the staff meeting minutes showed staff had spent time discussing confidentiality issues, training needs and allocation sheets. The registered manager valued and encouraged the views of staff.

The registered manager and the provider carried out a comprehensive programme of regular audits to monitor the quality of the service and plan improvements. They had identified some areas that required improvement. We found that the provider and the registered manager acted on their findings and had begun to implement the necessary improvements. For example, they had realised that they could improve on the communication between the service and people and decided to introduce on-call audits. As

identification of shortcomings lead to improvements, the whole quality monitoring system was effective.

The registered manager monitored people's support and took action to ensure they were safe and well. People's welfare, safety and quality of life were looked at through regular checks on how people's support was provided, recorded and updated. Checks were undertaken, for example, on the management of medicines and people's home environment risks, so that the provider had a clear overview of how support was delivered in people's homes. This enabled the provider and people to be assured they received consistent care in accordance with their care plans.

During the inspection we informed the registered manager about our concerns regarding the recording of medicines administration, the poor communication between people and the office and the lateness of staff. They immediately took action in response to the issues we raised. For example, they changed the system of sending rotas to people's homes and they organised supervision for the member of staff responsible for MAR omissions. This showed that they were open to feedback about the service and keen to take corrective action to enhance the functioning of the service.