Nurse Plus and Carer Plus (UK) Limited

Nurse Plus and Carer Plus (UK) Limited

Inspection report

Unit 41
Gosport Business Centre, Aerodrome Road
Gosport
Hampshire
PO13 0FQ

Tel: 01329848150
Website: www.nurseplusuk.com

Date of inspection visit:
22 November 2016

Date of publication:
10 January 2017

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

This inspection took place on 22 November 2016 and was announced. This was to ensure someone would be available to speak with us and show us records.

Nurse Plus and Carer Plus (UK) Limited provides care and support for people living in their own homes. On the day of our inspection there were 157 people using the service.

The service had a registered manager in place. 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.

Nurse Plus and Carer Plus (UK) Limited was last inspected by CQC on 17 September 2013 and was compliant with the regulations in force at that time.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and staff and described potential risks and the safeguards in place. Staff had been trained in safeguarding vulnerable adults. Procedures were in place to ensure people received medicines as prescribed.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

People who used the service and family members were complimentary about the standard of care from staff at Nurse Plus and Carer Plus (UK) Limited. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

People were able to take part in activities based on their likes and interests and to help meet their social needs.

People who used the service and family members were aware of how to make a complaint and the

registered provider had an effective complaints procedure in place.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. Family members told us the management were approachable and understanding.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff in making healthy choices regarding their diet.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

People were protected from social isolation.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

Nurse Plus and Carer Plus (UK) Limited

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 registered 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 22 November 2016 and was announced. This was to ensure someone would be available to speak with us and show us records. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We used this information to inform our inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with five people who used the service and three family members. We also spoke with the registered manager, quality assurance advisor and three care workers.

We looked at the personal care or treatment records of five people who used the service. We also looked at the personnel files for five members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe with the staff at Nurse Plus and Carer Plus (UK) Limited. They told us, "Safe? Oh, yes", "Completely safe", "They really do make me feel very secure", "They lock the house up to make sure she is safe" and "Staff close the curtains if it is dark so mum doesn't have to do it. They know she is at risk of falls".

We looked at the registered provider's recruitment policy and looked at staff recruitment records. We saw appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us staff generally had local areas to cover and staff were asked where they wanted to work. The registered manager told us vacancies and absences were covered by their own permanent staff and agency staff were not used. Staff told us they received their rotas in advance and were able to submit requests so they were able to attend appointments or take annual leave. Staff also told us they regularly saw the same people which helped to ensure continuity of care. People who used the service and their family members told us they knew which member of staff would be visiting them most of the time. This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

Accidents and incidents were recorded on individual report forms and recorded on the registered provider's electronic system. These were then collated and analysed centrally for any trends and an action plan developed.

People's support plans included details of any health and safety risks and included associated risk assessments. For example, one person lived on their own and was at risk of falls. The person had use of a walking frame to mobilise around their home. The person had risk assessments in place for moving and handling, falls, and bathing and showering. Environmental risk assessments were also in place for staff and people who used the service and included the risks from accessing the premises, whether there were any animals at the person's home, and risks from gas, electric, fire, kitchen, bathroom and hazardous substances. These described the potential risks and the safeguards in place.

If it was identified people were at risk of a fall, protocols were in place for staff to follow to ensure the

appropriate action was taken and assistance called for if required. Protocols were also in place for people who were at risk of having epileptic seizures. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

The registered provider had an infection control policy, which provided guidance on infection control, the responsibilities of the registered manager and procedures to follow. People's support plans described how staff were to wash their hands and put on their gloves and apron prior to carrying out personal care. Regular checks of staff in the workplace took place and included whether staff were wearing appropriate personal protective equipment (PPE). People and family members we spoke with did not raise any concerns about infection control.

The service had an emergency and a contingency plan in place, for example, in the event of bad weather. This provided a list of the people who used the service and prioritised those who must have a visit due to having no family support or required more in-depth care. This meant the registered provider had identified those people most at risk and had put plans in place to ensure people remained safe.

The registered provider had a lone working policy in place, which defined what lone working is, staff responsibilities, procedures to follow and control measures to reduce the risks to staff members working on their own.

We saw a copy of the registered provider's safeguarding adults at risk policy, which provided information on the different types of abuse, staff responsibilities and the procedure to follow for reporting and recording abuse. The registered manager was aware of their responsibilities with regard to protecting vulnerable people. Staff we spoke with were knowledgeable about safeguarding and had received appropriate training. Statutory notifications for safeguarding related incidents had been submitted to CQC in a timely manner. Statutory notifications are about important events which the service is required to send to the Commission by law.

The registered provider had a medication policy in place. We did not observe the administration of medicines but looked at medicines records and saw people had medication assessments in place. These described what level of assistance the person required with their medicines, for example, supervision, prompting or administration. The assessment checklist was used to assess whether the person was able to manage their own medicines, for example, could they read labels and instructions, were they able to open bottles/packets and were they aware of the possible effects of taking too much or too little medication. The medication assessments we saw were fully completed, up to date and signed by the member of staff carrying out the assessment.

Care records included copies of people's medication regimes, which described the medication the person had been prescribed, the dosage and the times of day it was to be administered.

The registered provider had a medication errors procedure in place, which described what action staff were to take if a medication error was identified. This included the staff member responsible for the error being prevented from administering medicine until a supervision had taken place, an audit of all other Medicine Administration Records (MAR) had been carried out, and medication refresher training and a competency check took place.

Medication audits were carried out and staff received regular medication competency checks. These ensured the member of staff was administering and recording the administration of medicines appropriately and in line with the registered provider's policy.

This meant appropriate arrangements were in place for the administration and recording of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People and family members told us, "They are very good carers", "They are brilliant", "No concerns with the staff at all", "They are absolutely fantastic with me" and "They are very good at looking after me".

Staff mandatory training included health and safety, infection control, fire safety, safeguarding, equality and diversity, food hygiene, nutrition and hydration, mental capacity, medication, personal care, person centred care, dementia and mental health awareness. Mandatory training is training that the registered provider thinks is necessary to support people safely. To ensure staff training was up to date, the registered manager could run a report which showed when training was due. Staff we spoke with were complimentary about the training they received. One staff member told us, "More training than I need."

New staff completed an induction, which included an introduction to the service, completion of mandatory training and shadowing staff in the workplace. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. This meant staff were fully supported in their role.

People's care records included information on people's dietary needs. For example, whether they needed a special diet, what assistance they required, whether they had any food allergies, or swallowing or chewing difficulties. We saw one person had asked for assistance with their nutritional and hydration needs and staff were to complete fluid and nutritional charts. We saw copies of the person's historic nutrition and fluid intake charts, which were completed appropriately. Another person was identified as being at risk of urinary tract infections and it was important that the person stayed hydrated. Staff were directed to offer the person a choice of food and drink and ensure a container of juice was left within reach.

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.

The registered provider had a consent and mental capacity policy in place. People's care records included a section about whether the person who used the service was able to make decisions or whether someone else had responsibility for making decisions for the person, for example, a family member or someone with lasting power of attorney (LPA). LPA is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity at some time in the future or no longer wish to make decisions

for themselves. We saw one person's record stated that due to the person's diagnosis of dementia, LPA was being looked into by the person's family. We also saw LPA documentation for another person, which confirmed that family members had been appointed as LPA.

Care records also stated whether a person had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

Good

Is the service caring?

Our findings

People who used the service and family members were complimentary about the standard of care provided by Nurse Plus and Carer Plus (UK) Limited. They told us, "They make our life worth living", "I'm the happiest I've ever been thanks to the care I receive" and "They are brilliant. They sit and talk to her".

All the staff we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. The person's initial assessment documentation showed that the person who used the service had been consulted about their preferences. For example, what name they liked to be known as and whether they had a preference to the gender of the staff who visited them.

Care records showed that people were given choices with regard to their care and support. For example, "Prepare breakfast and drink of my choice", "Please ensure I have got a glass of water or juice by the side of my chair before you leave" and "Please offer me a selection of things so that I can decide what I would like".

The registered provider had a promoting privacy, dignity and respect policy in place. This defined what privacy, dignity and respect were, and what the provider would do to ensure people who used the service were treated with dignity and respect by their care staff. Support plans showed that people's dignity and respect had been taken into consideration. For example, after showering one person's support plan stated, "Please ensure I am covered with towels to respect my dignity." Another stated, "Please allow me to toilet in privacy".

Staff told us privacy and dignity was included in their mandatory training and gave examples of what they did to protect people's privacy and dignity, For example, ensuring personal care was carried out in private and making sure doors and curtains were closed to ensure people's privacy.

We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "Absolutely fantastic", "They have always respected my wishes" and "Yes, definitely". This meant that staff treated people with dignity and respect.

Staff supported people to be independent and prompted people to do things for themselves where able. For example, "Please prompt me to take medication and test blood sugars", "[Name] is an independent lady and can do most things for herself", "Please can you assist me with the laundry as sometimes I do struggle, especially with the bedding", "I can independently wash my top half but will require assistance with my bottom half" and "Please give me every opportunity to be as independent as possible".

Staff told us they promoted people's independence. For example, one staff member told us a person was worried about having fall whilst in the shower. Staff allowed the person to shower independently but stayed in the person's home until they had finished ensuring they were safe. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Advocacy services help people to access information and services, be involved in decisions about their lives,

explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us they were not aware of whether any of the people who used the service had advocates.

People's end of life wishes were recorded in the care records and stated whether people had and advanced directive in place. An advance directive is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness. This meant people had been able to be involved in their end of life care.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated and people's needs were assessed before they started using the service.

The person's initial assessment included a service user profile, which was completed for each person and provided important information about the person, their family history, previous employment and medical history. The initial assessment also included information such as the person's religion, next of kin, GP contact details and who was involved in the person's assessment, for example, staff member, person who used the service and family members.

People's care schedules described what type of care and support the person required, for example, personal care, domestic, social, shopping or sitting service, and the hours required on each day. These described the tasks that care staff were to carry out on each visit. For example, "Please assist with full body wash and all other personal care." Each person had an outcome for the tasks required. For example, "To support with personal care, food and fluid intake" and "Make sure blood sugars are tested and written in note book for family".

The initial assessment described people's care needs including; mobility, communication, continence, skin integrity, food and drink, mouth care, bathing and activities. We saw the information included in the initial assessment document had been transferred to the person's support plan. For example, one person was identified as being at risk of pressure sores due to being bed bound and having very dry skin. Care staff were directed to check the person's pressure points at each visit and apply cream to those areas.

Daily records were completed by staff in people's log books to record any important information from each call visit, including notes on the person's state of health and anything that other care staff or others involved in the person's care should know. For example, records of what people had to eat and drink, personal care carried out and any social activities that took place.

We found the registered provider protected people from social isolation. People were supported with their social needs such as going for walks and accessing the community. Care records described people's likes and interests, for example, "I like completing puzzles and will almost certainly have one on the go" and "I enjoy reading and listening to music".

We saw the complaints file, which included a copy of the registered provider's complaints policy and procedure. This provided information of the procedure to be followed when a complaint was received, for example, individual roles of the staff involved and timescales.

We saw copies of complaint reports, which included details of the complaint, the person making the complaint, who had been informed, what action had been taken and the outcome, for example, was the complaint resolved, partially resolved or still outstanding. All of the complaints records we saw had been satisfactorily resolved.

People and family members we spoke with were aware of how to make a complaint but did not raise any concerns. A person and a family member told us they had each raised a complaint but both told us their complaints had been dealt with appropriately. This showed the registered provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us developments to the care planning process was ongoing and recent improvements had been made to medication procedures.

We looked at the registered provider's statement of purpose and found it was up to date and reflected the range of services provided by the service.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. People who used the service and their family members, told us, "The service is very good", "Having used four companies, I've got to say Nurse Plus is the best", "They are the best agency I have used" and "If there's a problem you ring the office and they deal with it".

Staff we spoke with felt supported by the registered manager and office staff, and told us they were comfortable raising any concerns. They told us, "They are brilliant", "They are always supportive", "I know there's someone at the end of the phone if I need them", "The girls [office staff] are lovely" and "You can just pick up the phone and ring".

Staff were regularly consulted and kept up to date with information about the service and the registered provider. Regular memos were sent out to staff to update them on any issues or information staff needed to be aware of between team meetings. Team meetings were held every month for office staff and every three months for care staff. The most recent care staff team meeting had taken place in November 2016 and the agenda included; medication, auditing of log books, use of personal mobile phones, rotas and annual leave, personal protective equipment and the on call procedure.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it.

We saw a copy of the registered provider's most recent audit of the service, carried out on 31 October 2016. The audit was carried out to ensure the service was maintaining documentation in accordance with the registered provider's policies and procedures. The audit checked care records, staff files, training and recruitment, complaints, incidents and safeguarding records, data protection and discussions with staff and a person who used the service. The outcome of the audit was based on a red, amber, green (RAG) scoring system and found the overall result to be green. Any areas of the audit that were identified as red, had to be actioned within seven days. For example, it was identified that one member of staff did not have a

photograph on file. We saw the registered manager had actioned it and also put a process in place that they were to sign off the staff member's file before they were allocated any shifts. The registered manager told us these audits were carried out every three months.

People who used the service received six monthly and full annual reviews. Copies of reviews were included in care records and we saw people were asked questions about the care provided. For example, the safety of the care, respect for choices and dignity, promoting independence, involvement in the community and overall quality of the care. Actions were put in place for any identified issues or requests, for example, changes to call times or duration of calls.

Log book audits were carried out monthly and checked for appropriate content, records reflected care as per the support plans, medication records were correctly completed and whether there were any actions identified.

Six monthly field supervisions took place of staff. These were checks carried out in the workplace to ensure the member of staff arrived on time, was dressed appropriately, was carrying the correct equipment and correctly followed policies and procedures.

Regular spot checks were carried out on care staff. People who used the service were asked to provide comments on the quality of the care received, whether the care staff met all of the client's needs and whether, as a result of the spot check, the person required a review of their care needs.

An annual client survey took place and people who used the service were given the opportunity to feedback on the quality of the care staff, office staff, overall service, complaints and any other comments about the service. An action plan was put in place for any identified issues or negative comments, for example, the procedure for missed calls. The majority of the responses from the 2015 survey rated the service as very good or good. The results of the 2016 survey were being collated at the time of our inspection visit.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.