

Nurse Plus and Carer Plus (UK) Limited

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Inspection report

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21 March 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this announced inspection on the 16 and 21 March 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that staff would be available to talk with us.

Nurse Plus and Carer Plus (UK) Limited provide personal care and support to people in their own homes. At the time of our inspection the agency was providing a service for 125 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

We last inspected this service on 14 and 15 August 2014 and we identified one area where improvement was required in respect of staff were not consistently supported with their learning and development. During this inspection, we found that sufficient action had been taken and staff felt supported.

The service had a registered manager. 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 received positive feedback from people about the service. All the people who used the service expressed great satisfaction and spoke highly of the care staff. A complaints procedure was in place and people knew how to make a complaint if they needed to.

People felt safe with the service provided by Nurse Plus and Carer Plus (UK) Limited. The risks to people were minimized through risk assessments, staff were aware of how to keep people safe and the information provided staff with clear guidelines to follow. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at Nurse Plus and Carer Plus (UK) Limited to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

Staff completed a wide range of training and felt it supported them in their job role. New staff completed an induction before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. Staff meetings were held regularly. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

People were supported to take their medicines safely from suitably trained staff. Medicines administration records (MAR) confirmed people had received their medicines as prescribed. Staff contacted healthcare professionals promptly when they had concerns about people's health and wellbeing.

People who used the service felt they were treated with kindness and said their privacy and dignity was

respected. Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

Staff felt supported by the registered manager and could visit the office to discuss any concerns. There were systems in place to monitor the quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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 remains safe.

Is the service effective?

Good ●

The service is now rated good.

Staff were provided with training and support through one to one supervisions and appraisals that gave them the skills to care for people effectively.

People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

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 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 16 and 21 March 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available to speak with us.

The inspection team consisted of one inspector and one 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.

Before this inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people receiving care and support and seven family members by telephone. We spoke with a further one person when we visited their home. We spoke with the registered manager, the provider's auditor, care coordinator, field supervisor and seven care staff. We looked at care records for six people, medicines records and recruitment records for four care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Is the service safe?

Our findings

People and their families told us they felt safe with the care provided by Nurse Plus and Carer Plus (UK) limited. One person said, "Very happy with the care I'm receiving and I feel safe". Another person said, "I completely feel safe. They are wonderful and I have no doubts about them". Other comments included, "I am very safe in their care because they are so efficient". As well as, "There are no problems. They are very good and helpful so I feel safe. I would say 90% of them are very diligent". A family member told us, "Mum is very safe in their care. She can't walk very much and is very unsteady on her feet, but they support her well and never rush her". Another family member said, "I feel my husband is very safe. He has a lot of needs and if the carers are ever unsure about something they will always ask for advice". Other comments included, "I feel my mother is 100% safe. I have complete confidence as when I am not with Mum they are so good with her. I have no worries". As well as, "I have no issues with safety".

People were happy with the support they received with their medicines. One person told us, "They give me my medication and they never forget". A family member said, "The carers give Mum her medication, which they watch her taking twice a day. They take the tablets out of the wrapping as Mum can't do that anymore. They record when they have given her medication in the log book. I am very happy with this situation; I have complete trust in them". There were medication administration systems in place and people received their medicines when required. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. All staff received medicine management training, which was refreshed regularly and their competence was assessed to make sure they were safe to administer people's medicines. However, on some medicine administration records (MAR) there were a few missing signatures. The MAR chart provides a record of which medicines are prescribed to a person and when they are given. Staff administering medicines are required to initial the MAR chart to confirm the person has received their medicine. We spoke to the registered manager about our concerns, who explained the actions they had taken as a result of recent audits. They told us, they were aware of gaps and as a result have improved processes which included instead of auditing every three months the field supervisors are now looking at MAR charts while at client's homes, so can talk to staff straight away.

People benefitted from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up.

People were protected by staff who understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. All the staff we spoke with were aware of how to use the policy.

Robust recruitment processes were followed that meant staff were checked for suitability before being

employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were insured to use their vehicle to drive to and from people's homes.

There were sufficient numbers of staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. These could be adjusted according to the needs of people. Staff said they had sufficient time to support everyone they cared for and were able to provide additional support if someone needed it; for example, if the person was unwell. People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. People told us that they had regular care staff and that staff arrived when they expected them. The registered manager said, "We have been fortunate that staffing has never been an issue for us and we have some great staff".

Staff told us they supported people to take risks in their own home without minimising their independence. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were available for moving and handling, medicines, falls and equipment. For example, a risk assessment for the environment provided staff with information of where to locate the stop cock and fuse box in the person's home in case of emergencies. Risk assessment were also in place for health conditions and clear protocols and guidance to support staff. For people who had access to a life line to summon help in an emergency staff checked these were working each month by testing them in the home as well as testing smoke alarms in people's home to ensure they were working safely.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The service had a business continuity plan in case of emergencies. This contained a set of procedures to follow and the main contact numbers for emergency services. This covered eventualities where staff could not get to people's homes. For example, if there were any difficulties covering calls due to events such as the weather conditions or sickness. One person told us, "In the bad weather recently they were really good they came even with the snow".

Staff demonstrated a good understanding of infection control procedures. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. As part of the review process people are asked if staff wear gloves and aprons.

Is the service effective?

Our findings

At our last inspection in August 2014 we found that staff were not consistently supported with their learning and development. During this inspection, we found that sufficient action had been taken and staff felt supported.

People and their families told us that staff had the skills and training required to support their needs. One person told us, "I do feel they are well trained. I have never had any trouble". Another person said, "They [staff] are very good and know exactly what to do". A family member told us, "They are very well trained. They are very knowledgeable about Mum's needs. She had a stroke and they know how to care for her. She finds it hard to talk, but they give her time to talk and they listen carefully and respond to her. They are aware of her weak side and the implications on her life". Another family member said, "They [staff] are trained to meet my husband's complexed needs".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. Records showed staff had completed additional specific training to ensure they had the skills necessary to meet people's needs. One staff member told us, "Training really good. Prefer it now as we have a few scenarios and act out a care call, which is amazing so much better. One might be about dementia and work with other staff".

People told us new staff members were accompanied by a regular staff member and shown how people like things done. New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete The Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. One staff member told us, "Induction brilliant as I had never been in care before I was quite nervous. It was really informative, had a lot of time to go over questions and recap. I thought it was brilliant best job I've had for training actually, normally thrown in at the deep end".

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. Staff were provided with supervisions (one to one meetings) and annual appraisals with their line manager. These provided an opportunity for the service to provide staff with feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member said, "Appraisals have improved now". The registered manager told us, "Every time we do a supervision or appraisal with staff we review it to see if the actions are followed through".

Staff had received training in the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental

capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about care planning.

Before providing care, staff sought verbal consent from people and gave them time to respond. One person told us, "They [staff] always ask permission before they do anything. They know me very well and can often spot if I'm feeling under the weather and they will ask if I am ok to move or wash". Another person said, "They [staff] always ask permission and they keep me informed about what they are doing. I never have to worry". A family member told us, "They [staff] always explain to my husband what they are doing, they give a running commentary. He is involved in how the carers care for him, he will say if he is not happy and wants something done in a certain way". Another family member said, "They [staff] talk to her all the time. They ask for consent before they provide her care and keep her informed so that she is happy".

People were supported to access healthcare services. A family member told us, "I organise all the health checks, but if the carers notice something that needs dealing with they inform me so that I can get somebody to treat my husband. They always record it in the log book too". Another family member said, "They [staff] record in the log book if they feel something is not right and inform me so I can arrange an appointment". Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited, staff told us they would call the office to let them know, so the next staff member was aware of the person's current health needs and any action needed.

Care plans were in place for medical conditions which contained detailed information on specific health conditions including, cellulitis, anxiety, atrial fibrillation and iron deficiency. There was guidance to support staff to understand how this affected people living with these conditions. For example, one person had cellulitis in their legs and staff were advised to seek medical advice if the person's leg appeared more swollen and red than normal.

People were supported at mealtimes to access food and drink of their choice. One person told us, "They [staff] make anything I want. My daughter fills up the fridge and the carers prepare something for me. They do very well and I am happy with the situation. I get plenty to drink. The carers never leave without giving me a drink". Another person said, "If I say I feel like a chicken dinner tonight they will do one specially for me and sometimes they even go out and buy the ingredients". A family member said, "They [staff] make her lunch. They watch her eat as she doesn't eat well and they always make sure she drinks. I am very happy with the situation". The support people received, varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members microwaved meals and ensured they were accessible to people. Care plans contained information about any special diets people required and about some specific food preferences. One staff member told us, "Meals I offer choice. One client has the same thing but will take a few things out of the fridge so they can choose and have choice".

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us, "At my age I have come across all sorts of people. I have lived long enough to know what people are like and I can just tell that they have very caring natures. They looked after my husband before he died and they were lovely with him too". Another person said, "They really do care. When they can they sit and chat with me, which means a great deal. They are always looking after me and making sure I don't have to do things that make me dizzy so I don't fall over". Other comments included, "Carers are wonderful. I live on my own and they are excellent company". As well as, "They [staff] are very caring people and I am lucky to have them. There isn't one that isn't lovely". A family member told us, "I know they are very caring as I have watched them with Mum. The way they talk to her gives it away. They listen attentively and speak to her clearly. They find what she says interesting and they never rush her". Another family member said, "They [staff] have a very caring attitude. For example, they know my Mum doesn't eat well. One of the carer's lives not far away and she has on occasions picked fish and chips up for her when she has been to the shops. That was so nice and Mum really enjoyed the treat".

People told us they were treated with dignity and respect. One person said, "They [staff] are always respectful very polite and call me by name". Another person said, "They [staff] are careful with my privacy. When I am in my bathroom and they are helping me, they will stand in the corner behind me. They cover me towels as much as they can and keep the door shut. They get me dressed as quickly as possible so I never left for a long time without clothes on". A family member told us, "They [staff] treat my wife with respect at all times. I am always in the house and when they take her to the bathroom they will always shut the door". Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. They ensured doors were closed and people were covered when they were delivering personal care. One staff member told us, "If providing personal care talk to them about how they would like the care delivered. Introduce yourself and tell them what I am doing".

People were encouraged to be as independent as possible. One person told us, "They [staff] are always encouraging me to be independent and I am. They let me try to dress myself but if I need help they are there ready to step in". Another person said, "They [staff] encourage me to be independent and I make my own drinks. I do drive myself around at times, short distances so they know I want to be independent". A family member told us, "Mum likes the newspaper, but she is finding it harder to read. The carers will sit with her and encourage her to look at the paper and discuss the news". Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks.

People said care staff consulted them about their care and how it was provided. One person told us, "I was very much involved in the care plan. The manager wrote the plan in line with my wishes". A family member said, "They [staff] came to the house the day he was discharged from hospital. The managers have done all the paperwork. It was written when he came home to make sure it fitted his needs. I am very happy with it

and I know it is reviewed and altered as needs be".

Care plans were detailed and showed people were involved in the planning and reviews of their care as they had signed these. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans also included information about people's wishes and any worries they may have. Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. This enabled the care staff to communicate effectively with the person and to understand what was most important to them.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Is the service responsive?

Our findings

People received individualised care which met their needs. People and their families told us staff knew them well and understood their care needs. One person told us, "They [staff] are all aware I am allergic to pineapple so they are careful never to give me anything with pineapple in. They know I like coffee rather than tea and they make me a cup each time they come in". Another person said, "They know me well and they know my favourite is strawberry jam on toast". A family member told us, "They [staff] know he is very particular about his routines and the way things are done. They know the way he likes to get dressed and how he is handled when being hoisted". Another family member said, "Mum is very particular about certain things. The carers know she likes everything put back in the same place. They are very careful to put everything in the right place for example when they have brushed her hair the brush must go exactly where she wants it".

People received care that was personalised and focused on their individual needs. One person told us, "I have a care plan it is in the file in the house. They write in the file every day. I am happy with the plan and the care I get". A family member said, "My views are always listened to. They listened to all my requests and opinions and the plan is perfect". Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping and dressing. Care plans reflected people's individual needs and were not task focussed. People's likes and dislikes and what was important to people were also described in the care plan. One staff member told us, "Care plans are kept in a folder in the client's home and I read it so I know what to do. If it's a new client the office will give me a review over the phone and explain what I need to do".

The care plans were updated regularly to ensure a true reflection of the person's current needs. A family member told us, "I have attended review meetings. They have been carried out at my house. My views are always taken into consideration each time". Another family member said, "If I call for an extra review if I think the situation has changed they will arrange an extra meeting". A third family member told us, "The last review meeting I attended was not long ago. Changes were made to ensure the care Mum gets is her correct support".

The service also sought feedback from people and family members through the use of a quality assurance survey questionnaire which was sent out yearly. A family member told us, "Yes they send out surveys which I have completed. I have also had the feedback. One of the things they reported on was visiting times as that had been raised as an issue. They now do their best to accommodate every one so they get the times they wish for". Another family member said, "There have been surveys and issues such as time keeping, uniform and appearance have been addressed and improved".

People told us they knew how to make a complaint. One person told us, "I would ring if somebody didn't turn up. But never happened. So really no complaints". Another person said, "They [staff] are so good I would feel comfortable telling them something that was worrying me". A family told us, "I have not raised a complaint and gone through the formal procedures, but I have raised concerns. We had an issue with a

particular carer. Mum wasn't happy with her. The manager came out unannounced as a drop-in visit so that she could observe the carer and the situation with my Mum. Since then the carer has not attended Mum again. The manager handled it very subtly. Neither the carer or my Mum was aware of what was happening". Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us, that people can have the option of larger print, brail, looping system, or DVD as well.

Is the service well-led?

Our findings

People and their families told us the service was well-led. One person told us, "[Managers name] manages everything very well. She has some good carers". Another person said, "I am very happy. Everyone is very helpful and supportive". A family member told us, "The service is well managed. They go above and beyond to do everything for Mum". Another family member said, "I am aware that my husband's complex needs are being met, so I believe the service is being well managed". Other comments included, "I know they are well managed as they are very responsive. If a carer is ill they will phone and rearrange carers to take over so Mum still gets her visit". As well as, "I am very happy with the service. If there are problems they sort it out and keep me informed".

The service promoted a positive culture and had an 'open door' policy. Staff said the registered manager and office staff were approachable and were always made welcome at the office. One staff member told us, "Office support and manager really good. Improved greatly. If I have any issues I am more than happy to come into the office and sort them out". Other comments included, "Manager and office staff brilliant, all of them can definitely talk to all of them". As well as, "Definitely feel supported in my role".

Staff spoke highly of the service and were pleased to work there and all the staff felt supported by the management. One staff member told us, "I think really good company and really supportive staff and really rewarding job as well that you can work flexibly". Another staff member said, "Love it absolute love it, best job I've had so far". A third staff member told us, "Love my job can't see me doing anything else now".

The registered manager held regular meetings with the staff in the office these were held weekly to discuss any concerns and send regular updates to care staff by email or telephone. These informed staff of any updates on people's health and training opportunities. Staff meetings were also held twice a year and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. One staff member told us, "Staff meetings have a choice of two dates to attend so all carers can attend and able to put ideas forward".

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, record of care sheets, care plans, training, and health and safety. External audits from head office were also in place to review the service's progress against the Care Quality Commission's key lines of enquiry, and to review previous actions agreed with the registered manager. We spoke with the provider's auditor who told us, "All branches are audited quarterly and reports sent to manager with any actions and target dates for actions to be completed by. This helps maintain compliance and supports the branch".

The registered manager told us they felt supported in their role and had regular contact with the provider to enable them to keep up to date with the latest practice and guidance. They said, "I have three monthly meetings with the business support and support manager comes to see me once a month to do a one to one". They also told us, "I keep updated by the company compliance team who pass on information as well as attending training".

The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way and transparent way in relation to care and treatment when people came to harm. The service provided staff with small prompt laminated cards to remind them on important information needed in their role for example on the MCA, medicines, code of conduct and roles and responsibilities and contact numbers for emergencies.