

Nurse Plus and Carer Plus (UK) Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was announced and took place on 11 August 2015. We give domiciliary care providers 48 hours' notice to ensure we can access the information we need.

Nurse Plus and Carer Plus (UK) Limited is a large nationwide care agency. However, the majority of their work is in providing registered nurses to registered services. A smaller portion of their work is providing care

workers to provide personal care services to people in their own homes. This is the area which is registered with the Care Quality Commission (CQC) and features in this inspection. The Exeter branch of Nurse Plus and Carer Plus (UK) Limited currently provides personal care and support to 12 people in their own homes in Exeter and the surrounding areas.

Summary of findings

During our inspection we met with the registered manager of the Exeter branch. 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. The registered manager said they were well supported by the provider and at the time of the inspection we were able to speak with the Director of Compliance and Training who was present to support the registered manager.

There were good systems in place to ensure risks to people's safety and wellbeing were identified and addressed. There was a robust recruitment, induction and training process to ensure people benefitted from receiving care from suitable staff who had the skills and knowledge to meet people's assessed needs.

The feedback we received from people was all positive. Those people who used the service expressed satisfaction and spoke very highly of the registered manager and staff. For example, people consistently praised the agency for the individualised way in which they were cared for. One person particularly praised the way in which they had been cared for as a relative of the person receiving the service. They said "The staff are really outstanding and supportive; they have helped me too during a difficult time. We have lovely, regular carers who go to great pains to ensure [my relative] is comfortable and maintains their wellbeing."

The registered manager ensured that staff had a full understanding of individual people's care needs and had the skills and knowledge to meet them. People received consistent support from care workers who knew them very well. People felt safe and secure when receiving care and had been able to build positive relationships with

their regular care workers and were confident in the service. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Staff arrived for visits in a timely way, knew what to do and were reliable. Changes in people's needs were identified and their care package amended to meet their changing needs. The registered manager gave us examples of situations where they had identified a need and involved various relevant health professionals to ensure the person received appropriate care. For example, increasing the hours a person received, timings or identifying safeguarding issues.

The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views. People said they knew who to talk to if they had any concerns but had not needed to. The registered manager was open to improvement and feedback from people, whether positive or negative, which was used as an opportunity for improvement. For example, a past safeguarding issue had been used to amend the agency safeguarding policy so that staff were more aware to identify where people were at risk from self-neglect and how to manage this safely and in the person's best interests. One example showed how this had been put into practice to ensure a person was not losing weight.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems such as spot checks, appraisals and surveys. There were processes in place to monitor quality and understand the experiences of people who used the service.

Staff were proud of the service and enjoyed their work. They said they were supported by the registered manager and a programme of training and supervision that enabled them to provide a good quality, person-centred service to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were good systems in place to ensure risks to people's safety and wellbeing were identified and addressed in a positive and proportionate way.

People were protected from the risk of abuse. People had confidence in the service and felt safe and secure when receiving support.

Care workers had the knowledge, skills and time to care for people in a safe and consistent manner. People benefitted from receiving care from reliable staff.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective and ensured people received care that met their needs and wishes.

People experienced positive outcomes as a result of the regular service they received and gave us good feedback about their care and support.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported effectively with their health and dietary needs.

Good



Is the service caring?

The service was caring and provided a person centred service. People who used the service valued the relationships they had with care workers and expressed satisfaction with the care they received.

People felt involved in their care and were pleased with the consistency of their care workers. They felt their care was provided in the way they wanted it to be.

People felt care workers always treated them with kindness and respect and often went above and beyond their roles. Staff built meaningful relationships with people who used the service and were given ample time to meet people's needs and provide companionship.

Good



Is the service responsive?

The service was responsive. Changes in people's needs were recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were regularly encouraged to give their views and raise concerns or complaints to improve the service.

People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

Good



Summary of findings

Is the service well-led?

The leadership and management of the service was good.

The manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported.

There were robust systems to assure quality and identify any potential improvements to the service. People benefitted from being at the heart of the service and the registered manager was growing the service at a pace which ensured this continued.

Good



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 checked 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 11 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available. The inspection team consisted of one inspector.

Before the inspection, we checked the information that we held about the service and the service provider. The service

was registered with CQC in 2012 but had not been inspected since this time as the service had not been carrying out the regulated activity of personal care until more recently.

We spoke with four people who received a service from Nurse Plus and Carer Plus (UK) Limited and one relative by telephone and visited two people in their own homes. When visiting the agency office we spoke with the registered manager, the director of compliance and training and a care worker.

We reviewed a range of records about people's care and how the domiciliary care agency was managed including care records for four people. We also looked at other records relating to the management of the domiciliary care agency. These included four staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the provider had sent to people and incident reports.

Is the service safe?

Our findings

The service was safe. Recruitment checks were robust and carried out locally to ensure care workers were safe to support people. Four staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of identification or work permits to allow non-nationals to work in the UK.

Everyone we spoke with said they felt safe in the hands of Nurse Plus and Carer Plus (UK) Limited and the care workers who supported them. A relative told us, “We consider ourselves really lucky, we have landed on our feet. I am really pleased with the service we receive and I could not have had [my relative] home without their care.” They also said they were very happy to be able to have a male care worker which made them feel safer when their relative needed assistance to mobilise. Another person said “The staff are very nice, they will do anything for me and they always come at the right time.”

A comprehensive safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures, including local contacts, which were displayed in the office. There had been no safeguarding issues raised recently but past issues had been fully investigated and appropriate actions taken which had benefitted the person.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. One risk assessment detailed how staff were to respond sensitively if the person wanted to do things that would not keep them safe in relation to their comprehension due to living with dementia. Risk assessments included information about action to be taken to minimise the chance of harm occurring. One care plan included information about the safe use of oxygen in the home. The person did not currently use the oxygen but was likely to and the registered manager was pre-empting this need and ensuring staff were trained in this area before it was needed. Risks assessments also included manual handling information such as “ensure [the person] has their wheeled trolley to hand as they will otherwise try and get up unaided”.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw the number of care workers supporting a person was increased if required. Regular re-assessments also looked at people’s needs when they were improving. One person had returned home from hospital and had initially required two care workers to mobilise but now their needs could be met by one care worker which was less intrusive for the relative.

People supported by Nurse Plus and Carer Plus (UK) Limited and the care workers it employed generally lived locally. The agency planned travel time between each visit and ensured staff had “runs” which enabled them to meet people’s needs in a timely way. The registered manager informed us the agency had not had any missed visits. On the few occasions care workers were going to be late to attend a visit due to unforeseen circumstances they telephoned the agency office who ensured people receiving the service were aware. Everyone we spoke with that received a service from the agency said they had never had missed visits and that on the rare occasion when a care worker had been more than five or ten minutes late someone had telephoned them beforehand to keep them informed.

People were happy with the support they received with their medicines. Medicines were managed safely at Nurse Plus and Carer Plus (UK) Limited. People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. Also attention had been paid to conditions, such as epilepsy, which could call for the administration of emergency medication and staff had received training in this area. The care plan informed staff how and when this medication may be needed and where it could be found in the person’s home. Care plans showed exactly what topical cream went where including a body map. Also when medication was given, the plan detailed what the medication was for.

There were up to date policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure medicines had been stored, administered and reviewed appropriately.

Is the service effective?

Our findings

Everyone we spoke with said that care workers were very well trained and were very competent in their work. Several people told us that the care workers went over and above their duties to make sure people were well looked after and all spoke of the relief in having regular care workers. One person said, “I generally have the same carer. They are very good all the time. I particularly like the ones I see most. They know what they are doing.” One relative said, “The carers accommodate my needs too which they don’t have to. We stick to the same carers, I really appreciate it.”

People were supported by care workers who had the knowledge and skills required to meet their needs. Staff said they were fully supported by the registered manager. We heard of one example where the wellbeing of one care worker was compromised by their work. They had been fully supported and changes had been made to ensure they were able to deliver an effective service. Care workers felt they had enough training to be able to meet people’s needs. One care worker said, “We get training and I feel I know what I am doing. I can always talk to the manager, we are a small team.”

All new care workers completed a two day corporate training induction package covering all mandatory training before starting work. The topics were mapped to the nationally recognised care certificate. The training matrix showed all staff were up to date with training or booked on refreshers. The agency policy was that staff could not continue working if they were not up to date. The agency had access to in-house trainers who visited the office and topics included health and safety, safeguarding, nutrition, lone-working, managing aggression and manual handling. External trainers were sourced to give specialist training that was relevant to people using the service. For example, complex care, suction and oxygen therapy and tracheostomy. Staff competency was monitored to ensure they were putting their training into practice. Staff were also listened to, for example one care package had proved to be too complex for the care workers despite training. This was quickly recognised and another agency was sought to ensure the person’s needs were met.

The induction process included shadowing other more experienced staff and spending time with people before

working independently. The registered manager visited each person with the new care worker to introduce them and also carried out initial spot checks to check competency.

The registered manager said staff were encouraged to go on to complete training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. There was also a new staff buddy system. Supervision consisted of individual one to one, regular quarterly sessions and group staff meetings. Meetings were supportive including appreciation for the work done by staff and sharing information from issues nationally such as ensuring medicine charts were completed, reporting changes in care plans promptly. This showed the provider shared information to promote national improvement and learning. The registered manager carried out unannounced spot checks with care workers whilst they were visiting a client. Staff files showed these records which included whether choices were given, rapport and approach and evidence of shadowing and competency checks.

People were happy with the support they had to eat and drink. Few people required assistance in this area but told us they were always left with everything they needed. Two people were particularly being monitored in this area as risks had been identified. We saw how staff were encouraging one person to eat and another care file showed how staff were monitoring whether the person was drinking their high calorie prescribed drinks. Where people were identified as being at risk of malnutrition or dehydration care workers recorded and monitored their food and fluid intake. Daily records stated this had been attended to. The registered manager said it was particularly important to record fluid intake for one person as it helped to reassure their relatives. This showed a person centred, holistic approach. One corporate newsletter reminded staff during the hot weather to ensure all people using the service were drinking regularly

Nurse Plus and Carer Plus (UK) Limited was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as

Is the service effective?

being required to protect the person from harm. There was an “ability to make decisions” protocol and the registered manager said it was important for staff to understand enabling choice for people. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. Daily records showed how staff used encouragement and involvement to enhance choice making, in particular in relation to food preparation and eating.

Daily records showed how staff were constantly monitoring how people were doing, for example notes included what people could still do independently. The registered manager told us if they had any concerns regarding a

person’s ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act (2005) Code of Practice (MCA) which guided staff to ensure practice and decisions were made in people’s best interests. We saw an example of where this had happened and the agency had ensured the appropriate relatives and health professionals were involved in discussions. These discussions had resulted in a tailor made package for the person which enabled them to stay at home and be as safely independent as they could. Mental capacity and DoLS training was included in the training programme that all staff were required to participate in.

Is the service caring?

Our findings

Everyone we spoke with, told us they were treated with kindness and compassion by the care workers who supported them and that positive relationships had been developed. People spoke fondly of their care workers and enjoyed their visits. We saw how care workers had thought 'outside the box' to enable people to be more independent. For example, one care worker had devised a memory board to help one person know what was happening during the week and what tasks needed doing. This was done in a dementia friendly way with pictures. The person was able to engage with us about how they used it such as knowing when to take their bins out and when care workers were coming. Care workers had put photographs of themselves to ensure the person knew who was coming each day.

Relatives also felt particularly supported by their care workers and felt they really cared about what they were doing. Reviews included family involvement and communication to reassure relatives their loved one was being looked after. For example, letters were sent to family to invite them to reviews and they were informed of any changes. Care workers also ensured there was community involvement that was relevant to the person. For example, one person was involved in the church. Another care package included the care of one person's much loved elderly pet.

The registered manager was motivated and clearly passionate about making a difference to people's lives. They were knowledgeable about people's needs and how to meet them. This enthusiasm was also shared with care workers we spoke with who said how happy they were to see regular people whom they cared for. When the care package started people were introduced to the care workers who would be visiting them by the registered manager. People were also able to choose if they would like male or female care workers. One care review stated, "Do not send male care workers" and we saw the service had made sure the person had only received care from female care workers.

Everyone we spoke with confirmed that they had regular care workers who visited them. A rota was sent out every week. One person said, "I always know who is coming" and another person said, "I get the same care workers generally. It's nice to see people I know. I feel more relaxed."

People also told us if there was an emergency the registered manager or a supervisor would go to people's homes as they knew them well having done their initial assessment.

Care workers were respectful of people's privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Care workers received guidance during their induction in relation to dignity and respect. For example, care workers practised on a dolls head to ensure they knew how to dress people's hair appropriately. This showed attention to detail to ensure people felt as good as they could. Their practice was then monitored when they were observed in people's own homes. People told us how care workers would offer to do ironing, washing or any tasks they saw needed doing that they had time to do. One person felt able to ring and ask a care worker to bring them shopping.

Care workers understood the importance of promoting independence and this was reinforced in people's care plans. For example, one person's plan included how the person had improved so their care was reduced. Care plans were detailed to include particular likes and dislikes such as handing them their medication in the same egg cup and to test their emergency pendant and ensure they were wearing it. People felt they were left with all the things they needed to hand.

People were supported to express their views and to be involved in making decisions about their care and support. This included people with dementia who were as involved as they could be depending on their understanding. This meant people were valued and treated as individuals with an opinion. Everyone had seen their care plans and agreed with the tasks which were set out for care workers to do. The registered manager had regular contact with people both in person and by telephone where they discussed their care. People felt able to call them at any time. People felt very cared for.

The registered manager told us about how they sometimes cared for people during the end of their life. We visited one person with their permission in their own home with the registered manager. There was a good rapport showing their needs were understood and met. The person was able to tell us they were happy with their care. Staff were mindful to ensure the person had access to easy finger

Is the service caring?

foods and snacks they enjoyed to encourage them to eat and keep up their calories. The registered manager liaised with relevant health professionals. Staff received training in end of life care and felt able to deliver the care. The service were also working with a local hospice to gain more specialist advice.

As a company Nurse Plus also supported chosen charities and there were regular fundraising events such as coffee mornings.

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them in a person centred way. Everyone we spoke with, said that when their care was being planned at the start of the service the registered manager or supervisor spent a lot of time with them finding out about their preferences, what care they wanted/needed and how they wanted this care to be delivered. From then forward the relationship between the office staff and registered manager and each person was interactive and operated on an 'open door' policy. One person said "I can call anytime but I rarely need to."

People said their care plan was up to date and reflected their needs. We saw this when we visited people's homes. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis and changes made to the support they required and the times and frequency of visits they needed. Care workers were also vigilant about noticing and identifying changing needs. The service liaised with social services if times and length of visit were felt to need amending. For example, one person now had regular "night sits" as care workers had identified the person was displaying behaviour which did not ensure they were safe. Care workers had also seen that another person had run out of milk and had brought some without being asked. One care plan detailed how care workers had identified the person had a more swollen leg than usual and had sought medical advice. This had been communicated by letter with the person's family.

Care workers were kept fully informed about the changes in visits and the support people required. This was either by the registered manager in person or via text or email. For example, for an earlier visit or if a review of medication or equipment was needed. People received personalised care that was responsive to their individual needs and preferences. People told us the agency was responsive in changing the times of their visits and accommodating last minute additional appointments when needed. Care workers were knowledgeable about the people they supported. Everyone said the care workers knew them well and enjoyed having a regular routine. Care workers were

aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. This was aided by the fact that the service was still small and there was regular communication within the small team of staff delivering personal care in people's homes. Care workers were also responsive to wider needs, for example there was a cold weather plan to remind care workers to ensure people had access to warmth.

Care records were very detailed and information was easy to locate. For example, one care plan detailed how care workers could distract the person if they were attempting unsafe behaviour. People were encouraged to maintain their independence and undertake their own personal care. Where appropriate care workers prompted people to undertake certain tasks rather than doing it for them. One plan showed how independence was maintained by passing the person their toothpaste and prompting them to do their care independently. The beginning of care plans included details about a person's life history to enable care workers to get to know people.

People were actively encouraged to give their views and raise concerns or complaints. Contact details were given to all people using the service. The complaints policy had clear complaint levels 1, 2 and 3 with 3 being a safeguarding issue. Complaints were dealt with in 24 hours where possible and responses were given to the complaint by three days. For example, there had been a missed call which had been due to misunderstood communication. This had been dealt with appropriately and measures put in place to prevent it happening again. For example, when care workers attended a waking night sit they sent a text to the rapid response team to let them know they had arrived. There was also a process for recording smaller "groans". These were recorded in the diary notes for individuals on the computer system and actions taken.

People were also encouraged to use an online review on an external national website. A quality assurance survey had been carried out November/December 2014 and the results had been collated and reviewed. The survey involved staff as well as people who used the service. One comment said "The service took quick and affirmative action." The overall results were positive.

Is the service well-led?

Our findings

The registered manager was obviously passionate about their work. They enjoyed their work and we saw there was a good team ethic and regular communication. They were open to people's views and staff felt able to share any concerns. They were also very knowledgeable about people's care needs.

They had developed and sustained a positive culture at Nurse Plus, Exeter. Without exception people using the service, relatives and care workers all spoke highly of the registered manager, seeing them as good support. They said the registered manager was approachable and kept them informed of any changes to the service and that communication was good. Staff meetings were held regularly and staff were able to raise any concerns. Minutes were recorded and shared with any staff who were unable to attend. Topics included thanking staff and issues that had arisen nationally such as filling in log books correctly and medication charts. There was a buddy system for new staff and information about how to report changes to care plans. A national newsletter was sent out to staff regularly from head office to help keep them up to date. For example, to inform staff about the correct codes for fall reporting.

Staff were valued and there was opportunity for staff events such as the yearly corporate party with managers and over 180 staff nationally. The agency organised local field trips and events for the staff team. The registered manager and staff also felt well supported by the company. There were company managers' meetings and manager conference

calls with the managing director regularly. The registered manager was physically supported by the director of compliance and training for this, their first CQC inspection, for example.

People were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives were included in the agency brochure, statement of purpose and staff handbook. These were discussed with people when they started to receive a service and with care workers when they were employed.

People were regularly asked their opinions and whether their objectives were being met. The registered manager and/or supervisor also undertook a combination of announced and unannounced spot checks and telephone interviews to review the quality of the service provided. These were booked regularly and the computer system highlighted when they were due. This included arriving at times when the care workers were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. Care plans and risk assessments were regularly reviewed to ensure they were up to date. This was done with the person at their house.

Systems were also in place to check that accidents and incidents were recorded and outcomes clearly defined, to prevent or minimise re-occurrence. Various audits took place such as care plans and reviews, medication and falls. An annual audit was also carried out from head office. This had been done recently and any actions were completed and recorded.