Nurse Plus and Carer Plus (UK) Limited

Nurseplus UK

Inspection report

Ground Floor Buckland House
Park Five Business Centre, Harrier Way, Sowton Industrial Estate
Exeter
EX2 7HU

Tel: 01392423445
Website: www.nurseplusuk.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 30 and 31 July 2018 and was announced. This was the first inspection of the service since it moved to its new location in May 2018.

Nurse Plus and Carer Plus (UK) Limited is a large nationwide care agency. The Exeter branch provides care staff to work in registered services. They also work with the Rapid Response service to provide urgent care to people at home on discharge from hospital, or to prevent hospital admission. In addition, the service provides personal care to people living in their own houses and flats in the community. This is the area which is registered with the Care Quality Commission (CQC) and features in this inspection. At the time of the inspection seven people were receiving a personal care service in the form of a sitting service. Five of these people received this support at night time to enable their family carer to have a break. The other two people had 'block visits' during the day.

The service was not completely safe. Risk assessments, did not consistently provide the guidance staff needed to minimise risks when people living with dementia experienced agitation and distress. The risks were mitigated because staff knew the person well and had a good understanding of their needs. In addition, family members were present and could be consulted in an emergency. However, the information was not documented for new staff. We discussed this with the registered manager who advised they would ensure care records were updated to contain the information staff needed to support people safely.

People told us they felt safe. They said they received a consistent and reliable service. Before people began receiving a service an assessment was carried out to assess any risks to the person and to the staff supporting them. Where people needed assistance with medicines, staff had received training and knew how to support people safely. Nurse Plus and Carer Plus (UK) Limited had a system for identifying the most vulnerable people, which meant their needs would be prioritised if there were any problems affecting service provision. People were protected from abuse and harm because staff had completed training in safeguarding adults and children, and knew how to recognise and report safeguarding concerns. Safeguarding concerns were managed appropriately, with Nurse Plus and Carer Plus (UK) working with other agencies as required to ensure concerns were fully investigated and action taken to keep people safe.

Staff had the skills and knowledge to meet people's needs effectively. They received a comprehensive induction and training on a range of topics relevant to the needs of the people who used the service. Staff were well supervised and told us they were well supported.

The service was caring. People were supported by consistent teams of staff who knew them well and understood their needs. Staff worked in a person-centred way, promoting independence and treating people with dignity and respect. Their role included providing support to family carers. One member of staff said, "It's important to give them [family carer] the opportunity to 'de-stress'. It's important to let everything out." People's rights were protected because staff had a clear understanding of the Mental Capacity act 2005 (MCA) and described how they used it to ensure any decisions made were in the person's best interests.

They told us they always asked for consent before commencing any care tasks and supported people in their decision making as far as possible.

People received a responsive service. A care plan was drawn up with each person before the service started. The care plans were person centred and contained easy to read and clear information about the support required and the person's background and interests. They explained how to support and encourage people to remain independent. The service was proactive in identifying any communication needs and staff were able to describe how they facilitated effective communication. People's needs were reviewed regularly, and people and their family carers were fully consulted in this process. People were confident they could raise any complaints or concerns with the provider and these would be dealt with promptly and satisfactorily.

The registered manager was committed to promoting equality, diversity and human rights at the service ensuring staff shared their values and increasing staff awareness through training. Competency assessments checked that staff interaction with people respected their beliefs, culture, values and preferences. The provider had a policy on equality with clear guidance about the responsibility of staff, managers and the provider in this respect.

The service was well-led. Nurse Plus and Carer Plus (UK) Limited was managed by a person who was registered with the Care Quality Commission as the provider and registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 and management team were praised for their caring manner and open and approachable management style. Care staff told us they felt well supported, and one member of staff said, They're the best agency I've worked for. They are very on the ball with paperwork and training. They are bang up to date and very supportive. "There were systems in place to regularly monitor the service and make improvements where necessary, including audits, checks, and satisfaction surveys. Where they identified areas for improvement these were acted upon. People told us the service was very well run. One family carer said, "I've been really impressed with the service. They responded to an issue I raised really well. I have the same carers all the time. I'm very impressed."

We have made a recommendation regarding the guidance provided to staff in care records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

One aspect of the service was not safe.

Risk assessments did not always contain the information staff needed to minimise the risks.

People were supported by a consistent team of suitable staff who helped keep them safe and met their individual needs.

People were supported to receive their medicines if required. They were managed and administered by staff who were competent to do so.

People were protected by staff who understood how to protect them from abuse and harm. People had confidence in the staff and felt safe when receiving support.

Is the service effective?

Good

The service was effective.

Staff received a comprehensive induction and on-going training to make sure they had the skills and knowledge to provide effective care to people.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

Staff were well supported and felt confident contacting senior staff to raise concerns or ask advice.

Is the service caring?

Good

The service was caring.

People received support from staff who were compassionate and cared about their work and the support they provided.

Staff were patient and professional and treated people with dignity and respect.

Staff were committed to promoting people's independence and supporting them to make choices.

Is the service responsive?

Good

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans were reviewed with people and their advocates to ensure they reflected their current needs.

People were supported in their decisions and given information and explanations in an accessible format if required.

People's complaints were taken seriously, explored thoroughly and responded to in good time.

Is the service well-led?

Good

The service was well led.

People were supported by a motivated and dedicated team of management and staff.

The provider and registered manager was clear about their values and vision for the service, and worked to ensure these were understood and implemented by the staff team.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 July 2018 and was announced. We gave the service short notice because we wanted to meet the registered manager and needed to be certain they would be available during the inspection. This also gave them time to ask some people if they would be willing for us to contact them by telephone to ask for their views of the service. The inspection was carried out by one inspector.

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

During the inspection we went to the Exeter office and spoke to the registered manager and office staff. We looked at a range of records the provider is required to maintain. This included seven service user support plans, medicine administration records, staff rotas, six staff recruitment files, staff training records and quality monitoring records. We also looked at records of accidents, incidents, complaints and safeguarding referrals. We spoke with four members of care staff by telephone. We undertook phone calls to three people who used the service and spoke with their family carers.

Requires Improvement

Is the service safe?

Our findings

Relatives told us they and their family member felt safe with the staff supporting them. One relative said, "I feel absolutely safe with my family member being cared for by [carer's name]. They exude confidence. Just what you need when you are trusting your loved one to someone else. You need to know they are ok".

Although there were comprehensive risk assessments in place, improvements were needed to ensure they consistently provided staff with the information required to support people safely. When people began receiving a service an assessment was carried out to assess any risks to the person and to the staff supporting them. This covered a wide range of potential risks including risks related to moving and handling, falls, medication administration, personal care and the environment. The majority contained information which enabled staff to understand and manage the risks identified. For example, there was clear guidance for staff about how to minimise the risks to a person who experienced breathing difficulties during the night, and protocols about how to support people at risk of falling or choking. However, there was little guidance for staff about how to safely support people living with dementia, when they became challenging to care for because of their condition. The risks were mitigated because the staff supporting them knew them well and had a good understanding of their needs. In addition, family members were present and could be consulted in an emergency. However, the information was not documented in care records, which meant it would not be available for new staff. We discussed this with the registered manager who advised they would ensure care records were updated to contain the information staff needed.

We recommend that the service consistently provides the information staff need to support people safely, in line with best practice.

The registered manager told us that they had stopped providing a domiciliary care service when recruitment difficulties undermined their ability to support people safely. The service now provided night and day sits to a small number of people, supported by a consistent and reliable team of staff with a good understanding of their needs. Staff rotas were sent out weekly to people and care staff, with reminders emailed to staff every night to remind them where they were working the following day. People told us they did not have missed visits, and staff stayed for at least the expected length of time, sometimes longer if needed. One relative said, "They are very good. They have never let me down. Not once."

There were systems in place to ensure people would not be placed at risk if there were any problems affecting service provision, such as staff sickness or adverse weather conditions. They had worked effectively in the severe weather conditions of the previous winter. People's level of vulnerability was assessed to ensure the most vulnerable people would be prioritised if there were any problems, for example if their visits were 'time critical' because they needed their medicines, food or fluids at specific times, and they had no other means of support.

The majority of people having 'personal care' support were receiving a service during the night. The service had 'night' protocols in place to ensure their safety and the safety of staff. For example, staff meeting minutes documented that uniform and an identity badge was compulsory for all night sits, so that people

could be assured they were being supported by a worker from the service. Care staff had expressed concern about how vulnerable they sometimes felt when working alone during the night. An 'on call system' was therefore in place to ensure there was management support available to them 24/7.

Some people required assistance from staff to take their medicines. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines; and staff who administered medicines had received training. People's individual support plans described in detail the medicines they had prescribed and the level of assistance required from staff. These guidelines also included information about people's medical history, allergies, and how they chose and preferred to be supported with medicines. For example, "I prefer to take my medicines from a spoon as I find this much more manageable." Where necessary, records were kept in the person's home of any medicines administered and these were checked regularly by staff and management to ensure they were correct and well maintained.

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff disciplinary procedures were in in place, and had been used effectively.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. They were confident that the registered manager would act immediately to address any concerns raised. They told us they understood and would be confident to use the whistleblowing procedure if necessary. Safeguarding concerns were managed appropriately, with Nurse Plus and Carer Plus (UK) working with other agencies as required to ensure concerns were fully investigated and action taken to keep people safe.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Records showed incidents had been reported, documented, and immediate action taken to keep people safe as required. The information had been reviewed and further action identified to reduce the risk of a similar incident occurring in the future, such as liaising with the safeguarding team, staff supervision or training. Records showed that staff regularly checked people's 'lifeline' personal alarm systems to make sure they were working effectively and people could call for help in an emergency.

People were protected by safe infection control practices. All staff received training in infection control and used personal protective equipment (PPE), such as gloves and aprons, during their visits. Care plans prompted them, "Make sure you are wearing your gloves and aprons in line with infection control." Regular observations and spot checks by senior staff ensured safe infection control practices were maintained.

Good

Is the service effective?

Our findings

Staff knew the people they cared for. They were able to tell us about their likes and dislikes. This matched what the family carers told us, and what was documented in the person's care records. Relatives spoke positively about the skills, knowledge and experience of the staff. Comments included, "We are very pleased with the level of care. I would definitely recommend them to other people", and "[Staff name] has a good understanding of my loved one's needs. They take responsibility and can deal with an emergency. It means I can get a proper night's sleep." Written feedback from a family carer stated, "I always feel at ease when [staff names] are here. I know they look after [family member], and more than meet all of their needs."

When staff joined the organisation, new staff completed a thorough induction which included three days of mandatory face to face training. The registered manager told us, "The training needs to be practical and face to face, it's so important." Topics included manual handling, medicine administration, dementia awareness, safeguarding adults and children, nutrition and hydration, and equality, diversity and human rights. The induction also incorporated the care certificate, which is a detailed national training programme and qualification for newly recruited staff. In addition, new staff shadowed experienced members of the team. Their practice was observed and assessed, to ensure they were competent in their role before working unsupervised. Staff were very positive about the quality of the induction. One member of staff told us, "It was really in depth. We were given workbooks each day and a text book. There was so much information, but we were able to focus and work through it."

The service employed an on-site trainer who delivered face to face training to staff every week. The service was also looking to increase the training that was available to staff through on-line distance learning. A rolling programme enabled staff to refresh their mandatory training annually and keep their skills and knowledge up to date. The training for medicines administration was due to be refreshed twice yearly. Additional training was arranged as required to enable staff to meet people's individual needs, for example related to palliative care, supporting people with epilepsy, or MAPA training (Management of Actual or Potential Aggression.) Staff told us, "It's nice to do the refresher training, and it's hands on. If I ever needed anything else I could have some more, I just need to ask."

Staff told us they were well supported. Spot checks were completed every three months and followed up in a formal supervision meeting. This provided an opportunity for staff to identify what they were doing well and areas for improvement, as well as discuss any concerns they had. They told us they could be 'honest' in supervision. One member of staff said, "I would ask for help if I needed it. These are our clients. They are really important." Another member of staff said, "Supervision is really good. It keeps you on your toes. They are always checking on you. I really value the feedback. Otherwise, how do you know if you are doing it wrong?"

Where required people were supported, as part of their care package, to access food and drink and maintain their nutrition and hydration. However most people were supported in this respect by their family carers. The PIR stated, "All service users are at risk of malnutrition and dehydration. [If required] we would monitor the intake and output of the service users and if we felt that they were at risk or were losing weight, we

would speak to professionals such as their GP or district nurse with their consent to let them know. We would also put monitoring charts in place to help monitor this in forms of food and fluid charts." Where people had been assessed as being at risk of choking, care plans contained clear guidance and information for staff to enable them to support the person safely.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. An initial assessment of capacity was made in relation to decisions about care and reviewed annually. The service had contributed to best interest meetings held by the local authority or GP, to ensure that any decision made was in the person's best interests. Staff had a clear understanding of the MCA and described how they used it to ensure any decisions made were in the person's best interests and their rights were protected. The service provided them with a pocket guide to the MCA with clear information to support their understanding. Staff told us they always asked for consent before commencing any care tasks and supported people in their decision making as far as possible. For example, one person was at high risk of falls but did not always want to use a frame. The member of staff told us they negotiated with the person so they would hold their hand when mobilising, to minimise the risk of falling. People, or their family carers as appropriate, had signed their care plans to confirm they consented to the care they received, as described in their care plan.

Generally, the health needs of people who used the service were met by their family carers who supported them with their healthcare appointments. However, staff monitored people's health care needs, and any changes in their health or well-being prompted a referral to their GP or other health professionals as required.

Good

Is the service caring?

Our findings

People were supported by consistent staff who knew them well and understood the things that mattered to them, their likes and dislikes. One family carer said that their family member "can't remember their [staff members] name but remembers their face… They are wonderful. They get my family member up and shower them. They talk to them, they listen to them. They are very patient." Another family carer told us, "They [care staff] are always early and are dressed immaculately. They are very supportive and always bring a treat for the dog."

Staff told us they felt the management team had a strong value base and were passionate about what they did. Even though they were very busy in the office they still had time for the staff and supported them. This in turn led to staff caring and supporting the people who used the service.

Staff told us they worked alongside family carers to meet people's needs, and it was part of their role to offer support to family carers if required. One member of staff arrived half an hour before their shift was due to start so they could spend time with the family carer. Another member of staff said, "It's important to give them [family carer] the opportunity to 'de-stress'. It's important to let everything out." Written feedback from another family carer stated, "Not only are the ladies great with my loved one, they have become friends to me."

Staff were respectful of the fact they were in someone's home. One member of staff said, "I am working with people and their families. I am a guest." Care plans reinforced this. One person's care plan stated, "I would like the carers to knock on the door and my [family member] will let you in. Please can the carers introduce themselves."

Staff understood the importance of treating people with dignity and respect and care plans prompted this. They informed us of various ways people were supported to have the privacy they needed. For example, one staff member commented, "I make sure they have their towel across their lap and when I am not washing a specific area so they are never completely exposed. If I am helping a person to the toilet I will stand outside until they are ready."

Staff were committed to promoting people's independence and supporting them to make choices. They told us they involved the person in decisions about their care as much as possible. Care plans provided information about what people could manage for themselves and the level of support people needed. For example, "Please wet my flannel and pass it to me so I can wash my face and as much of my upper half as I can reach." Care records contained detailed guidance to support staff in providing person centred care in line with people's individual preferences. Daily records showed that staff had respected this. For example, there was information about how one person liked their hot chocolate to be made, and how another person liked to have their television turned to a particular channel so they could watch the news.

There was an ethos of involving and listening to people who used the service. People and their family carers were supported to express their views, and make decisions about their care and how it was provided. Their

views on the service had been sought in various ways including six monthly surveys and regular reviews. They were asked to contribute to the three-monthly observations of staff practice by providing feedback, and to complete monitoring forms about staff skills, abilities and attitude. Any issues or concerns identified were addressed by the management team.

The registered manager told us how the service was committed to meeting the diverse needs of people including those related to disability and faith. The provider had a policy on equality which outlined their commitment to "the active promotion of equal opportunity in the provision of all its services and to the community as a whole." It contained clear guidance about the responsibility of staff, managers and the provider in this respect. Staff received training in equality and diversity as part of their induction, and their competency assessment checked that their interaction with people respected their beliefs, culture, values and preferences.

Good

Is the service responsive?

Our findings

People and their family carers received a responsive and personalised care service from staff who knew and understood their needs. An initial visit and assessment was arranged on receipt of a new referral. This meant care plans could be drawn up and agreed with people before the service began. The plans were formally reviewed at least annually, and staff brought the MAR charts (Medicine Administration Records) and daily records back to the office every month where they were reviewed to ensure their accuracy. People were fully involved in the review process. They were regularly asked for their views over the telephone and asked to provide written feedback about the support they were receiving every three months. Any changes to the care plan were made with the person to ensure staff always had access to up-to-date information about all aspects of the person's needs. A family carer told us care staff added information to the care plan if required, "They make sure it's kept up to date." Copies of the care plans were held in the person's home and in the office, which meant office staff also had access to them.

Care plans contained information about people's support needs and any related risks, including medication, moving and handling, eating and drinking, personal care needs and routines. MAR charts and daily records were also in people's folders for completion by staff. Care plans contained information about people's background and interests which helped staff understand the person. They were clear about people's goals and how they wanted their care to be provided. For example, one person's care plan stated that they wanted to remain independent in their own home, maintain their dignity as much as possible, be offered choices, have their health and well-being monitored and documented, and any concerns reported. The care plans also contained information about people's end of life wishes, which meant staff were aware of them and would ensure they were respected. Staff told us care plans contained all the information they needed to provide the right care and support for people. One member of staff said, "The care plan information is very helpful. There is good information about their condition and good background information. "

The Accessible Information Standard is a framework put in place 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. The service was proactive in identifying any communication needs and staff were able to describe how they facilitated effective communication. For example, one person, who was partially sighted, had their care plan read to them by staff. Another person had a memory board on their wall, with prompts to remind them when to put the dustbins out and photographs of the care staff so they could recognise them when they arrived. Staff told us how they used visual prompts to help a person living with dementia to make choices, placing the options for breakfast on the kitchen work top, or showing them a teacup and asking if they would like a cup of tea. The registered manager told us they would look at how the accessible information standards could be further incorporated in to people's care.

There was a clear complaints policy in place and we saw complaints had been managed in line with this policy. They had been fully investigated and action taken to minimise the risk of recurrence and improve the quality of care. The complainant had then been advised of the outcome in writing. The PIR stated, "We follow a strict complaints procedure. Any complaints are dealt with immediately and a reply and action plan

put into place within 24 hours of receiving the notification. This was confirmed by a family carer who told us about a concern they when their care package started. They had raised this with the office, and it was addressed immediately and resolved.

Good

Is the service well-led?

Our findings

People and staff told us it was a well led service and they would recommend them. A family carer said, "I've been really impressed with the service. They responded to an issue I raised really well. I have the same carers all the time. I'm very impressed." Staff comments included, "I'm really happy working for Nurse Plus. They are the best I've ever worked for" and, "They're the best agency I've worked for. They are very on the ball with paperwork and training. They are bang up to date and very supportive."

A registered manager was in post who had overall responsibility for the service and knew people and staff well. They were supported by other senior staff who had designated management responsibilities. Staff spoke highly of the support they had received from the manager and the management team. One member of staff told us, "I think [manager's name] is absolutely brilliant. They are so gentle and I like the way they will listen. They were brilliant when I needed support in a difficult situation. Another member of staff said, "There is always someone available. It's a really open office. I can go in if I'm really unsure. I've found them so supportive personally. "

The management approach was consistent with the values of the service which included ensuring staff with the right skills and training provided the highest level of care. The service was committed to continuous improvement and effective, supportive team working. The registered manager also emphasised the importance of providing a safe service, with sufficient staff to meet people's needs consistently, and develop positive relationships with people and their families. They told us, "We want to provide continuity, for staff to spend time with people. They become part of their family." These values were shared across the staff team. Staff talked about personalised care and promoting independence, and were passionate about improving people's lives.

The provider had systems in place to check the quality of the service. Regular audits were carried out to ensure the service was maintaining documentation and processes in line with Nurse Plus policies and procedures. This included training, staffing, recruitment and data protection. Frequent internal audits reviewed the completion of MAR charts, daily records and care plans. A monthly analysis was completed looking at accidents and incidents, complaints and safeguarding concerns. This enabled the provider to identify any trends and wider actions that might be necessary to protect people.

The quality of the service provision was monitored by seeking people's views through surveys, the review process and the completion of regular field supervisions and unannounced 'spot checks' This included arriving unannounced during a visit to observe the standard of care provided, and reviewing the care records kept at the person's home to ensure they were appropriately completed. Records showed that the findings of the spot checks were discussed in staff supervision and any concerns followed up, with additional training arranged if required.

Staff told us they were well supported. They received regular individual supervision and attended quarterly staff meetings, where they were kept up to date about developments at the service and had the opportunity to express their views. They were supported in their professional development and felt valued for the work

they did. A 'Carer of the Month' award, recognised the carer who had made an outstanding contribution. The registered manager was trying to build on the existing staff support telling us, "We are working out ways we can support them better. More training, monthly meetings, improving client engagement."

The registered manager told us they were well supported by the provider. They had supervision once a month with the area manager, who was available for support over the telephone if required. There were dedicated staff at the provider's head office who provided advice and guidance on a range of issues including complaints and safeguarding if necessary.

The provider had forums where managers could share ideas and best practice, and support each other. This included regional meetings and a national bi-annual meeting, as well as telephone conference calls. The registered manager was proactive in keeping their skills and knowledge up to date, attending training run by the local authority on topics such as safeguarding and the Mental Capacity Act (2005).

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The provider had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.