

Nurse Plus and Carer Plus (UK) Limited

# Nurse Plus and Carer Plus (UK) Limited - 3 Hyde Gardens

## 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 ● |

# Summary of findings

## Overall summary

The inspection of Nurse Plus and Carer Plus UK Limited domiciliary care agency took place on 16 and 17 November 2016 and was announced. We gave the provider 48 hours' notice because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection involved a visit to the agency's office and telephone conversations with people who used the service and healthcare professionals.

Nurse Plus and Carer Plus is a domiciliary care agency based in Eastbourne. They are registered to provide personal care and nursing care. At the time of this inspection the regulated activity nursing care was not being provided. The service provides care and support for adults living in their own homes at key times of the day and includes support for people with physical disabilities, learning disabilities and dementia type conditions. At the time of the inspection there were 59 people who received personal care from the service. The service had a registered manager although an acting manager was in place at the time of the inspection while the registered manager was on a period of leave. 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.

People told us they felt safe receiving the care and support provided by the service. Staff understood and could recognise the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. Training schedules confirmed staff had received training in safeguarding adults at risk.

Robust recruitment and selection procedures were in place and appropriate checks had been made before staff began work at the service. There were sufficient levels of staff to protect people's health, safety and welfare consistently and reliably.

People said staff were caring and kind and their individual needs were met. One person told us, "All the carers are very nice and very caring." Another person said, "The staff are very attentive to my needs." Staff knew people well and had a good understanding of their needs and choices.

Care plans and risk assessments reflected people's assessed level of care needs. People were encouraged to be as independent as possible. One person told us, "They always involve me with any changes to my care needs."

Staff felt supported by management, said they were well trained and understood what was expected of them. Staff were encouraged to provide feedback and report concerns to improve the service. A member of staff told us, "The managers are really supportive and always available if I need to raise concerns."

There was a complaints policy and information regarding the complaints procedure was available. Complaints were listened to and investigated in a timely manner and used to improve the service.

Regular audits were in place to measure and monitor the quality of care and service provided.

People and staff surveys were positive about Nurse Plus and Carer Plus. One person commented, "All staff we have are all good, no complaints." A member of staff told us, "I enjoy getting up and coming to work. What we do makes a difference. You have a purpose. I like working here."

## 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 ●

Nurse Plus and Carer Plus was safe.

Risk to people had been assessed and managed. Staff understood how to support people to remain independent in a safe way.

Checks had been completed on staff to ensure they were suitable and safe to work with people who used the service.

Staff understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough staff to meet people's needs consistently and reliably.

### Is the service effective?

Good ●

Nurse Plus and Carer Plus was effective.

Staff had received training and regular supervisions to carry out their role.

Staff protected people from the risk of poor nutrition and dehydration.

Staff had an understanding of the Mental Capacity Act 2005.

People had their health needs met and were referred to healthcare professionals promptly when needed.

### Is the service caring?

Good ●

Nurse Plus and Carer plus was caring.

Staff knew people very well and had a good understanding of people as individuals.

Staff had built rapport with people and treated them with kindness and respect.

People were consistently positive about the caring attitude of

staff.

People were proactively supported to express their views.

### **Is the service responsive?**

**Good** ●

Nurse Plus and Carer Plus was responsive.

People received consistent, personalised care and care plans were reviewed.

Concerns and complaints were responded to appropriately.

People had a choice about who provided their personal care.

People were involved in developing their care.

### **Is the service well-led?**

**Good** ●

Nurse plus and Carer Plus was well-led.

There were systems in place to monitor the quality of the service.

People and staff told us the service was well managed and there was a positive open culture.

People's feedback about the way the service is led described it as consistently good.

Regular audits took place to measure the quality and safety of the service provided.

# Nurse Plus and Carer Plus (UK) Limited - 3 Hyde Gardens

## **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 17 November 2016. This was an announced inspection. The provider was given 48 hours' notice, because we wanted to make sure the manager and other appropriate staff were available at the agency's office. One inspector completed the inspection.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed on 12 April 2016. 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 also reviewed information we received since the last inspection on 9 January 2014.

During our inspection we went to the office and spoke to the acting manager, the head of compliance, three care co-ordinators and three care staff. We reviewed the care records of five people. We looked at three staff files, supervision and training records and systems for monitoring the quality and safety of the service.

On the second day of the inspection we made phone calls to 11 people and two relatives to get their feedback about what it was like to receive care from the staff at Nurse Plus and Carer Plus. We also made phone calls to three healthcare professionals who work with the service including a case manager, social services and the continuing healthcare team.

## Is the service safe?

### Our findings

People told us they felt safe receiving support from Nurse Plus and Carer Plus. One person said, "I feel absolutely safe." Another person told us, "Safety is never an issue for me. I know I am cared for safely." A member of staff told us, "We make sure everyone is as safe as we can make them."

Safeguarding policies were in place with additional policies on entering and leaving people's home, handling their monies and property, confidentiality and dealing with emergencies. Training records showed that all staff had attended safeguarding training annually. People were protected from the risk of abuse because staff understood the different types of abuse and how to identify and protect them from the risk of abuse or harm. Staff told us all concerns would be reported to the manager. If concerns related to the manager they would report them to the appropriate local safeguarding authority or the CQC. A staff member said, "If I see anything that I am concerned about I report it. Neglect can be anything from someone not receiving their medication to wearing dirty clothes." Another member of staff told us, "Safeguarding is making sure that nothing can harm the people we care for. If I had any issues I would contact the office right away."

Staffing levels matched what was planned on the staff rota system. The acting manager told us, "Continuity of care is important. Staff on holiday and sickness makes this difficult. We only have four people who have a 15 minute call and these are welfare checks or medication calls not personal care. If the local authority contact us to take a 15 minute personal care call we would not take it on." A staff member told us, "The system works well. We have a list of between three and six regular care workers for each client. If someone goes sick or on holiday we fill it with another regular. If we can't get a regular we will check with the client and inform them of who is coming." People told us their care worker arrived on time and that they were informed if there were any long delays. One person said, "My carer always arrives within three minutes of the appointment time." Another person told us, "Very seldom is my carer more than five minutes late."

People were protected, as far as possible, by a safe recruitment practice. Staff files included relevant checks on staff suitability including a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults.

Care plans showed that each person had been assessed before care and support started. The acting manager said, "We complete an initial contact form to establish what the person's needs are and whether we have the skills and capacity to take the person on. We then go and meet the person and complete an assessment form which usually includes relatives and healthcare professionals." People's care documentation contained assessments such as health risks, mental health and sensory needs. We looked at comprehensive risk assessments which covered the internal environment of the person's home, moving and handling risks, risks of falls and also visual checks that were completed on equipment such as hoists, slings and bathing equipment. Additional risk assessments were completed in relation to people's specific needs for example there was a risk assessment for taking a person out in their vehicle and another which outlined the risks to a person who liked to sit in the garden when the weather was good. The care plans were reviewed six monthly or earlier if there were any changes in the person's care needs.

People's medicine administration records (MAR) were accurate and clear. Staff told us they had attended training in medication, they were aware of the provider's policies on the management of medicines and that they should follow these. Training records confirmed that all staff received medication training and staff had a good understanding of why people needed their medicines and how to administer them safely. There was clear guidance in the MAR charts on as required (PRN) medicines. PRN medicines are only given when people require them and not given routinely for example for pain relief or anxiety. One person told us, "I do my own medication. Nurse plus arranged for me to have blister packs and it works well." Another person said, "The carer prompts me and tells me what I need and why I am taking it."

Infection control policies and procedures outlined the need for staff to use personal protective equipment while providing personal care. We observed several staff picking up boxes of gloves from the office to use at people's homes. Staff told us they understood the importance of good infection control practice and had access to all the personal protective equipment that they needed to carry out their role safely.

The office was open between 9am and 5pm from Monday to Friday with one of four staff providing on-call cover from 5pm to 10pm and from Friday night until Monday morning. The service had identified in order of priority which people would need urgent care and support in the event of bad weather.

Accidents and incidents were recorded and the acting manager was informed if there had been any incidents. Staff told us they understood the process for reporting and dealing with accidents and incidents. If one occurred they would inform the office and an accident form would be completed. We looked at the last six incidents in November 2016 and October 2016. These records clearly stated what actions were taken and what preventative measures had been put in place to prevent a re-occurrence and protect the person.

## Is the service effective?

### Our findings

People were happy with the care and support provided by Nurse Plus and Carer Plus. One person told us, "The staff are fantastic and so helpful." Another person said, "They make it their business to do the right thing when it comes to caring."

All new staff completed a four day face to face induction with the in-house trainer which included all generic and specific training to enable staff to carry out their role. This was followed by a minimum of two to three shadow shifts. New staff shadowed more experienced staff and did not work on their own until they were competent and confident to do so. One member of staff told us, "The induction was really good. I was a carer before but it was a really useful refresher and the shadow shifts make it clear what you need to do in the way people want it done." Another member of staff said, "There's a lot to cover in the induction but the training here is a lot better than all of the other places I have worked." The acting manager told us, "If staff need additional training they will be booked on it such as stroke awareness or Parkinson's Disease training. All of our homecare workers get paid for completing their refresher training and it works well."

Staff received generic training in health and safety, infection control, safeguarding, moving and handling, medication, mental capacity, food and nutrition and person centred care with annual refresher training. The acting manager told us, "Annual refresher training now consists of a workbook that staff complete which covers all of the main topics followed up with a one day face to face practical role play situation. The in-house trainer assesses the completed workbook and the role play scenario to check staff confidence and competence. Staff are finding it is a lot more effective and useful." One member of staff told us, "The refresher training is a great way to keep us up to date with best and good practices." A computer system held details of what courses had been completed by staff and notified the manager when updates were required.

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. A staff member told us, "We want the people we care for to live the lives they want to lead. It is their decision and their right to have the care how they want it. We respect their decisions." Care plans contained mental capacity assessments and also included information regarding powers of attorney and advanced directives. Staff had a good understanding of mental capacity and put this into practice to ensure people's rights were respected.

Staff received supervision every three months and annual appraisals to maintain levels of competency and to identify areas for development and improvement. Unannounced spot checks were completed on staff every three months to check whether the member of staff was on time, were wearing their uniform and whether they met the person's needs. These spot checks were completed during part of a home visit and the results were passed to the office. In addition to the spot checks, field supervisions were completed every

three months where staff were supervised for the whole home visit. Comments from one field supervision stated, 'organised well and gave client choices.' Another comment stated, 'correct personal protective equipment used, very approachable and friendly manner.' This demonstrated that the service had a proactive approach to staff members' learning and development. It also highlighted areas where additional training may be needed to make improvements.

Where people were supported with their meals, they said staff helped them in the way they needed, and showed a flexible approach. Some people had daily fluid and nutrition charts with guidance for staff to follow to ensure people's nutritional needs could be met. Staff said people chose what they wanted to eat and were assisted to prepare meals and drinks depending on their capabilities.

The care plans included key contact details of people's next of kin, case manager, GP, district nurse and relatives. People with more complex needs also had additional contact details of healthcare professionals such as physiotherapists, occupational therapists, dieticians and the Speech and Language Therapy (SALT) team. Staff said that any changes in a person's behaviour or if someone was ill when they arrived would be reported to the office immediately to obtain advice and support. A healthcare professional said, "The workforce are very skilled and very responsive to people's needs." Another healthcare professional told us, "I can trust them to make good judgements. They react swiftly and handle some difficult packages." This demonstrated that the service would respond quickly if people's needs changed.

## Is the service caring?

### Our findings

People told us they had good relationships with the staff. One person said, "They are interested in me. They don't just do what they are supposed to do, they do more. They are brilliant." Another person said, "They are a god send. They are best of the bunch." A relative told us, "The staff are very competent. They know if my husband is having a good day or a bad day. They are chatty and jolly and that's what he likes."

We heard staff speaking with people on the telephone during our inspection visit. The staff were polite and caring in their interactions. Staff in the office understood why it was important to interact with people in a caring manner and to ensure that people were informed of any changes to visit times or any delays. A member of staff said, "The office will sort out anything. It's the best place I have ever worked as I am treated with respect." Another member of staff told us, "All of the co-ordinators were previously care workers so they fully appreciate our role and we appreciate theirs." One person told us, "The personnel in the office are 100%. You wouldn't want to swap with another agency. They keep me abreast of what's going on and who I should expect". The acting manager told us, "It is very difficult but we try and keep all of our clients informed of any changes to their rota and make sure staff are fully aware of changes to meet people's needs effectively."

Staff knew people well, they had a good understanding of people's needs, choices, likes and dislikes. One member of staff told us, "Many of my clients see me as their best friend and they look forward to seeing me. In everything we do, we try and promote independence all the time. We encourage them to do it for themselves. I know my clients very well and this job is a worthwhile thing to do." Another member of staff said, "I get great satisfaction from helping others. I go in to a person's home with a smile on my face and when I finish I want them to have a smile on their face. It really helps to talk to people and their relatives about how they like things to be done. We all know how important it is for things to be done in the way we like." One person told us, "My carer is very understanding and patient and we have got to know each other well." Comments from supervised spot checks stated that a member of staff, "interacted well with the client" and another stated that a member of staff, "was held in high regard" by the person that they provided care to.

Staff were given enough time to get to know people who were new to the service and read through their care plans and risk assessments. A member of staff told us, "I always look at the care plan and support plan to make sure that my information is up to date as they can change quickly." Staff told us although they knew what care people needed they continually asked people what they wanted.

Care plans showed that people had been involved in their care planning. One person told us, "I am definitely involved in my care documentation. We regularly have a meeting and talk through all of the elements of my care." A relative said, "The care plan is reviewed quite often and we discuss any issues or changes we would like to make." Reviews were completed every six months and where people's needs or preferences had changed these were reflected in their records. This showed that people's comments were listened to and respected.

People told us that they were treated with dignity and respect. One person said, "The carers respect my dignity without question." A member of staff told us, "We know that we are visitors in someone's home so this means you treat it with respect. When we provide personal care we put ourselves in their shoes. Dignity and privacy is essential. We give people the dignity and respect that we would expect ourselves." Another member of staff said, "I always reassure clients about what I am about to do and check this with them first. I never presume anything. I will always maintain their dignity particularly with washing and dressing. They tell us what they want us to do." People said they felt comfortable with their care workers, and were treated like individuals. One person said, "Everything about the personal care I receive is good. Not much more I can say. I can honestly say they are happy and friendly and treat me so well." A member of staff told us, "I think care work gets under your skin. I have enormous loyalty to the people I am caring for." Another member of staff said, "We have built up good relationships and a good bond with the clients. We keep a close network on our clients. If someone hasn't been in contact for a while we will ring them just to make sure everything is working well."

People were provided with a 'Service User Guide' which contained information about the provider, including the values, who to contact with any questions they might have and how to complain. All of the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

## Is the service responsive?

### Our findings

People were involved in decisions about the care and support provided and in reviewing care needs. One person said, "If some aspect of my care needs to be changed I will inform the office and we will look at it." Another person said, "My care plan is reviewed regularly and I am part of that discussion."

Comments made by people who used the service from the last satisfaction survey in 2015 included, "The carers have been professional and dedicated to their work" and that staff at Nurse Plus and Carer Plus were, "always responsive, caring and respectful and nothing is ever too much trouble." An action plan had been put in place to address some of the issues raised by people including improved continuity of care, ensuring that people are informed of changes to their visit times and that staff remained at their visit for the full allocated time. This demonstrated that the service encouraged feedback from people to make improvements.

People's needs had been assessed before they began using Nurse Plus and Carer Plus and they said the care plans reflected their support needs. The acting manager told us the assessments were carried out to ensure the service could provide the support people needed and they were used as the basis for the care plans. A member of staff said, "It is vital that we gather the information we need to assess whether we can meet someone's needs. We ask whether they want a male or female carer and whether they need support with medication and all of these things need to be factored into our decision. If we don't have the capacity or the right staff we would not take it on."

Care plans included a detailed assessment of people's needs and included people's preferences and routines and had been completed with each person and their relatives where appropriate. Staff were able to provide examples of how they provided personalised care and support to people which responded to people's needs. One member of staff told us, "One of my clients is at medium risk of having falls so it is important that we check her mobility aids like her Zimmer and stair lift are all in working order and that her home is free of clutter." One person's care plan stated that their desired outcome was to remain at home with their partner and stated that they felt at ease and less agitated if staff conversed with them while providing care.

Care plans were informative and comprehensive and included people's religion, medical histories, social histories, health details and medical condition. Each care plan had additional policies, guidance and best practice documentation which related specifically to the person's condition such as 'catheter' or 'autonomic dysreflexia' guidelines. Autonomic dysreflexia is a life threatening condition relating to blood pressure. Staff were trained in subjects specific to the person that they provided care and support for and care plans reflected this. Some of the care plans contained person specific guidance with diagrams showing how the protocols required to ensure the person is safe. This was for information only and provided a visual back up for new staff. People's daily care notes were completed and returned to the office monthly and provided clear details of the care and support provided for people in a person centred way.

People were given the choice of which care workers they would prefer to provide care for them. One person

told us, "I do get different carers which is a shame but I know it's difficult." Another person said, "I generally have four, three men and one woman." A member of staff said, "If clients don't want certain staff to visit them for any reason this is dealt with immediately." Another member of staff said, "People can choose their preferred carer. I have five people on my regular shift and we get on really well."

People said staff arrived on time and no one we spoke to had experienced missed visits. One person told us, "Nine out of ten times they come within a few minutes of the allotted time." A member of staff told us, "If staff were late this would be picked up on the time sheets and people and their relatives would let us know. We inform people if staff are likely to be more than 15 minutes late." The acting manager told us, "We have had nine missed calls in the last six months largely because staff had not looked at their revised rotas. We have addressed these issues with staff and improvements have been put in place."

Staff told us they felt supported by the office staff and by the information available in people's homes which included the care plan, daily notes, protocols and guidance. One member of staff told us if they did not have sufficient information about a person's needs they would phone the office. A member of staff told us, "I definitely feel supported by the office staff. If something is not clear they are always on the end of a phone."

People knew how to make a complaint and felt that they were listened to. One person told us, "I have complained in the past and they are very good at responding." Another person told us, "I am very happy with the service. I have never had to complain." The procedure to make a complaint was clearly outlined in the Complaints procedure and the Service User Guide which had been sent out to all the people who used the service. Complaint records showed that complaints and concerns were investigated and addressed in a timely manner including a record of the investigation outcomes. The service had received 16 complaints in the last 12 months. All of the complaints were acknowledged, investigated and a full written response sent out. Complaints were used to improve the service and to prevent similar issues from reoccurring.

## Is the service well-led?

### Our findings

People and relatives described the staff of Nurse Plus and Carer Plus as professional and caring. One person told us, "They always come in with a smile and know what they are doing." Another person said, "Nurse Plus are way above the other agencies." A commissioner of healthcare services told us, "They deserve a medal. They have managed some complex care packages safely and effectively."

There was a quarterly branch audit completed to assess and monitor the quality of the service. The audit report for November 2016 examined people's care plans, staff files, training, recruitment, employee checks, complaints and daily notes. The audit identified the need for staff induction records to be completed correctly, staff training certificates to be placed in staff files and daily notes to be audited monthly to ensure that care was being delivered in accordance with the care plan. All information relating to medication errors, accidents, incidents, complaints, missed calls and safeguarding concerns were recorded on a computer system. The head of compliance analysed these results on a monthly basis to identify patterns or trends and reported to the Nurse Plus and Carer Plus board members each month with her findings. This demonstrated an emphasis on striving to improve.

Staff said they liked working for the agency because of its friendly and supportive nature. One member of staff told us, "I am very happy working here. The care is good, the training is good and we have very compassionate staff." Another member of staff said, "We provide very good care. The care can only be as good as its carers and we are a good team."

Staff surveys were completed annually with the latest survey completed in 2015. All staff who responded felt that they had received adequate training, that they were supported by their line manager and would contact the office for any help or advice. Comments made by staff included, "The staff in the Eastbourne branch are amazing", "Thanks for your continued and wonderful support" and "Staff are good and knowledgeable" The acting manager had completed an action plan which had addressed comments raised by staff including an increase in travelling time and ensuring that both negative and positive feedback is fed back to staff effectively.

Feedback from people's relatives about the service was consistently good. A compliments folder contained written messages of thanks and cards. Comments made by relatives included, "thanks for the care, attention, devotion, encouragement, gentleness and commitment of your staff" and "Thank you all for everything. You've done more than enough."

The acting manager told us, "I am well supported by the business support manager, the branch auditor and the head of compliance. If I am unsure about anything they are always available to talk issues through and put action plans in place to address them." A member of staff told us, "The manager is very approachable and explains things very well. Everybody knows what they need to do." Another member of staff said, "There is a good atmosphere and it's a very good, professional company to work for. I love my job especially the communication with clients and carers."

The acting manager reviewed the medicine administration records (MAR) and people's daily records on a monthly basis when they were returned to the office. This was to identify if a review of care was needed and to check for any shortfalls in recording or documentation. When there were missing signatures from MAR charts these were picked up in the monthly audit and the acting manager identified which member of staff was responsible and spoke to them directly to address the issue.

There was an open and positive culture and gave staff confidence to question practice and report concerns. The acting manager told us that staff meetings were held every three months. We looked at the minutes from the last three meetings in March 2016, June 2016 and October 2016 and found they discussed timesheets, staff sickness, staff holiday and personal protective equipment. The acting manager told us, "In addition to general staff meetings, we have a 'handover' meeting every Monday morning to get an update of what has happened over the weekend." A member of staff told us, "The staff meetings are useful and we are also sent memos which contain information about staff changes, medication incidents, forthcoming events, home carer of the month and letters of thanks." Another member of staff said, "I like the newsletter because it has snippets of information about what is going on in the service."