

Nurse Plus and Carer Plus (UK) Limited
Nurse Plus and Carer Plus
(UK) Limited - Suite 18
Ingles Manor

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

This inspection was carried out between 21 and 22 August 2018 and was announced. Two days' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

Nurse Plus and Carer Plus provides a service to adults, older adults, people living with dementia or mental health needs, physically disabled people and people with a learning disability or autistic spectrum disorder. There were 105 people receiving a service at the time of our inspection.

The registered manager had left the service in April 2018 and a new manager was leading the service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 17 July 2017, we asked the provider to take action to make improvements to the way they managed people's medicines, mitigated risks to people and checked to make sure the service was provided to the standards they required. At this inspection we found that all the shortfalls had been addressed and the service that people received had improved.

People's medicines were well managed. Guidance was available to staff and people received their medicines. Assessments of people's needs had been completed and any risks had been identified with people and their relatives. Guidance was now available to staff about how mitigate risks to people and keep them safe. People received care tailored to them, in the way they preferred.

Changes in people's health were identified and staff supported people to contact their doctor. People were supported to eat and drink enough. Staff followed safe practices to prevent infections.

Everyone we spoke with told us the staff were kind, caring and friendly, and treated them with dignity and respect at all times. They told us staff knew them well and provided their care in the way they wanted. People were given privacy. Everyone was supported to be as independent as they wanted to be. Staff supported people to take part in leisure activities they liked.

Staff were kind, caring and compassionate. People received care in the way they preferred at the end of their life. One person's relative told us, "My loved one wants to stay at home for as long as possible and without the carers it would not be possible, it's unthinkable really what we would do without them".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Everyone was able to make decisions for themselves and staff supported them to do this.

Staff knew the signs of abuse and were confident to raise any concerns they had with the manager or provider. People were not discriminated against. A process was in place to investigate and respond to complaints and small day to day issues had been resolved immediately to people's satisfaction.

There were enough staff available to give people the support they needed, when they needed it. Staff arrived at the agreed time and stayed for the required length of time. People told us they knew if staff would be late and who would provide their care. Staff rotas were planned in advance and any gaps were covered.

Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supported to meet people's needs and had completed the training they needed to fulfil their role. Checks were completed to make sure training had been effective and staff were competent. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The provider and manager had oversight of the service and checked the service people received met the standards they required. People, their relatives and staff were asked for their feedback and this was used to improve the service. Accidents and incidents had been analysed and action had been taken to stop them happening again. The manager worked with the local authority to improve the service.

Staff felt supported by the manager, they were motivated about their roles. They shared the provider's visions of a good quality service. An experienced member of staff was always available to provide the support and guidance staff needed, including outside of office hours. Records in respect of each person were accurate and complete and stored securely.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. We had been notified of all significant events at the service.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in their public office and on their website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people had been identified and mitigated. Staff supported people to be as independent and safe as possible.

People were protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

Action was taken to stop accidents and incidents happening again.

There were enough staff to provide the care people needed.

Staff practice prevented and controlled infection.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed with them.

Staff followed the principles of the Mental Capacity Act (2005). People were supported to make their own decisions.

Staff were supported and had the skills they required to provide the care and treatment people needed.

People were supported to eat and drink enough to help keep them as healthy as possible.

People were supported to remain healthy.

Is the service caring?

Good ●

The service was caring.

People were treated with compassion, dignity and respect and had control over their care.

Staff were respectful of people's cultural needs, sexual orientation or gender identity.

People were supported to be regain and maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People had planned their care with staff. Each person had a care plan that was tailored to meet their individual needs.

People participated in leisure activities they enjoyed.

Any concerns people had were resolved to their satisfaction.

People received the care they preferred at the end of their life.

Is the service well-led?

Good ●

The service was well-led.

Checks were completed on the quality of the service and action was taken to remedy any shortfalls.

People, their relatives and staff shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of a good quality service.

Staff were motivated and led by the manager. They had clear roles and responsibilities and were accountable for their actions.

Staff worked with other agencies to ensure people's needs were met.

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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 21 and 22 August 2018 and was announced. We gave the service two days notice of the inspection site visit because we needed to be sure that people who wanted to speak to us were available during the inspection.

Before the inspection we reviewed information the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

The inspection team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection included meeting people using the service, interviewing staff, reviewing of records and speaking to people about their experiences. We visited the office location on 21 August 2018 to see the manager and office staff; and to review care records and policies and procedures.

We looked at five people's care and support records, associated risk assessments and medicine records. We

looked at management records including four staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff in their own homes and spoke to them about their experience of Nurse Plus and Carer Plus. We spoke with the manager, five staff, and 33 people who use the service and their relatives.

Is the service safe?

Our findings

People and their relatives told us they felt safe in the company of staff and with the care they received. Their comment included, "I feel very safe knowing someone will come to me each day, it gives me a feeling of being looked after and watched over", "I feel safe with the carers and trust them whole heartedly" and "I feel one hundred percent safe leaving my loved one with the staff, they are brilliant and make my loved one feel like they are friends or part of the family, so they don't get stressed".

People's medicines were managed safely. The manager and provider had taken action to address the shortfalls we found at our last inspection in relation the secondary dispensing of one person's medicine, the lack of clear guidance about the application of creams and administration of when required medicines.

People told us they received the support they needed to take their medicines. One person told us, "I usually do my own medicines, but they will check for me to make sure I have got it right if I'm in a bit of a muddle".

Staff completed regular medicines training and their competency had been regularly assessed. Guidance was available for staff in people's home about each of their medicines, including 'when required' medicines. People described to us how staff supported them to take their medicine. This was reflected in guidance in their care plans. Medicine administration records were fully completed and the application of creams was recorded. Any medicines errors had been investigated and staff had been supported to improve their practice through supervision and attending refresher training to make sure further mistakes did not occur.

Risk to people had been assessed with them and staff followed detailed guidance to support people to remain safe. Guidance for staff about how to manage the potential risks to people had been put in place since our last inspection. This included clear guidance about what to do if people choked or suffered a seizure. Staff had completed training in first aid and epilepsy and knew how to respond in an emergency.

Risks associated with people falling had been assessed and people told us staff safely supported them to use special equipment including walking aids and hoists. Risk assessments were reviewed regularly and any changes in people's needs were identified. Care staff informed office staff about any changes in people's needs that occurred between planned reviews. Office staff then visited and agreed any changes with people. Care staff were informed about the changes before they visited. Changes were also recorded in people's records for staff to refer to.

Environmental risk assessments had been completed for each person's home and guidance was available to staff about how to manage potential risks and respond to emergencies, including where to turn off services including water and gas.

Accidents and incidents happened rarely and were used as learning opportunities. Investigations were completed to identify any patterns or trends and reduce the risk of them happening again, such changes to people's care plans and risk assessments or additional staff training.

People told us they felt protected from abuse and harm and were confident to raise any concern they had. One relative told us, "I do feel that my loved one is safe with the carers and we would not hesitate to call the office if I was worried about their safety".

The manager was aware of their safeguarding responsibilities and followed the provider's policies which reflected local authority safeguarding procedures. The manager had acted on any concerns they received to keep people as safe as possible. They had informed the local authority safeguarding teams, acted on their advice and shared information as required. Staff had completed training about different types and signs of abuse and described their safeguarding responsibilities to us, including what they would do if they suspected someone was being abused. They felt supported by the manager and office staff to raise concerns and were confident that any concerns would be dealt with appropriately.

Staff practice protected people from the risk of infection. Staff had completed training around infection control, hand hygiene and food hygiene when they began working at the service, to ensure people were supported safely. Staff were provided with sufficient stocks of gloves, aprons and other equipment to protect people from the risk of the spread of infection.

People told us staff usually arrived on time, stayed for the required length of time and had time to meet their needs in the way they preferred. One person told us, "They arrive when they say they will and they know exactly how to support me in the way I need supporting. I am certainly never rushed and don't feel like they are trying to get away as soon as they arrive either". Another person told us they did not know who would visit them on occasions but other people knew in advance about who would visit them each day and had regular carers who visited frequently. Staff knew people well and new staff were introduced to people before they began to provide their care. One relative told us, "We have the same regular carers which is good for my loved one who is living with dementia". Other people we spoke with confirmed this was the same for them.

Staff deployment was planned in advance and action was taken to cover any gaps. Cover for sickness or holidays was provided by other staff members. An on-call system was in operation to support staff in the evenings and at weekends.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they were employed. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff did not begin working at the service until all the checks had been completed and they had completed training essential to their role.

Is the service effective?

Our findings

A supervisor met with people, and their relatives when necessary, to talk about their needs and wishes before they received a service. One person's relative told us the meeting they were involved with was 'detailed and very thorough'. An assessment was completed which summarised people's care needs and how they liked their support provided, including their personal history, any support provided by their relatives and religious and cultural beliefs. This helped the manager make sure staff could provide the care in the way the person wanted. One person's relative told us, "They did explain the support they could give and we agreed what we felt would be needed".

Further assessments of people's needs had been completed, in line with best practice, such as moving and handling assessments. These were reviewed regularly with people to identify any changes in their needs. Information from the assessments was used to plan people's care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people are at risk of being deprived of their liberty and live in their own homes applications must be made to the Court of Protection.

People made decisions about all areas of their lives. Staff described to us how they supported people to make decisions such as showing them items to choose between. People confirmed staff gave them the information they needed in ways they understood. One staff member described how they showed a person living with dementia two items at a time to choose between so as not to "overwhelm them".

Staff prepared the food and drink in the way people preferred. One person told us, "The carer will get me food or a meal if I wish them to do so but don't force me or rush me". Several people told us staff heated up ready meals for them, as this was what they preferred. One person told us, the staff always left their kitchen clean and tidy and "They always leave me with a fresh cuppa when they leave". Other people told us staff also left them the drinks they liked, within their reach.

Staff supported people to maintain good health and noted any changes in their health quickly. Staff encouraged people to contact their GP when they felt unwell or did this on their behalf with their permission. When people asked, staff supported them to see their health care professionals by arranging home visits or accompanying them to appointments. One relative told us, "On the carers arrival they noticed my loved one was seeing things. The carer rang the GP and arranged for a home visit that same day. They rung to advise me and as always, I had peace of mind that their care needs were being dealt with promptly".

People and their relatives told us staff had the skills they required to meet people's needs and described staff as "very well trained and professional", "jolly knowledgeable" and "well trained and possess common sense which is in a way more important". Staff had received the training they needed to undertake their roles and meet people's individual needs. This included completing an induction in areas such as moving and handling and medication. Staff were assessed as competent before they worked alone with people.

Staff met people's individual care needs. One person told us, "They come four times a day and use a hoist, it takes two people and they know exactly what they are doing so I feel completely safe and trust them explicitly". All staff received regular training and updates. Refresher training for practical skills such as medicines administration and prevention and control of infection was arranged to keep staff skills up to date. Staff also received training around conditions such as diabetes, stroke and epilepsy. Office staff completed regular checks on staff's ability to perform their role, including unannounced checks at people's homes. People knew the supervisor who completed the checks well and confirmed they visited regularly.

All staff received regular supervision and annual appraisal which enhanced their skills and learning. Staff told us they enjoyed these sessions and found them useful. Discussions included training and development opportunities and staff told us they received the training required to develop.

Is the service caring?

Our findings

Everyone we spoke with told us the staff were friendly, kind and caring. They told us the staff took time to get to know them and fully supported and respected how they had chosen to live their life. People's comments included, "They are extremely caring and friendly, nothing is too much trouble for them", "The staff are more than friendly I feel that they are actually friends now and we always have a good laugh" and "They are attentive, friendly and they actually do care".

Staff treated people with dignity and respect. One person told us, "I was embarrassed and a bit shy at first, but they soon put me at ease and I haven't looked back". People were referred to by their preferred names and we observed they were relaxed in the company of staff. People told us they were relaxed in the company of staff and they got on. Their comments included, "They are always singing, laughing and joking which my relative loves" and "I am pleased to hear the carers have a great chat with my loved one and without fail ask how they is feeling and help they would like every visit". People had been asked if they had any preferences about the gender of the staff member who supported them and these were respected.

People were treated as individuals and their choices and lifestyles were respected. People had shared information about their life with staff before they began using the service and staff knew people well. One relative told us, "They make sure they know about my loved one's likes and dislikes and always bring it into a conversation, so they feel at ease". Staff gave people time to chat privately about their personal relationships if they wanted to. People had been asked about their cultural and spiritual beliefs and staff supported people to follow these when they wanted to.

Staff knew what caused people to become anxious and supported them to remain calm. One staff member told us how they had stayed with a person for an extra hour on the day of our inspection as the person had been worried about a new telephone and feeding their pets. The staff member spent time with the person showing them how to use the phone and making sure the person had everything to feed their pets. They told us the person was relaxed and calm when they left them.

Everyone we spoke with told us staff supported them to maintain their independence for as long as they wanted. Information about what people could do for themselves was available for staff to refer to in people's care plans and reflected what staff and people told us. One person told us, "They encourage me to be independent. They encourage me to wash myself and will go over my back again as they can rub harder than I can".

Staff knew how people let them know about the care and support they wanted and how to chat with them. Staff understood how each person communicated including facial expressions and signs. One person told us, "They always listen and always help accordingly". We observed staff respond appropriately to what people told them.

People had as much privacy as they wanted. For example, staff left the room when people asked and closed doors and curtains. Personal, confidential information about people and their needs was kept safe and

secure. Staff completed training in maintaining confidentiality as part of their induction, and this was refreshed regularly.

People who needed support to share their views about their care were supported by their family, friends, case manager and power of attorney. The manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The manager ensured people were provided with information in ways they understood, such as large print or DVD, to support people to tell staff about their needs and wishes and be involved in planning their care.

Is the service responsive?

Our findings

People had been involved in planning their care with staff and staff provided their care in the way they preferred. People's comments included, "We often have meetings and discussions about the care and what is needed in the future", "We have meetings about what support my loved one needs and to see if anything needs altering in their care plan" and "The carers are very attentive and will ask if I would like anything changed on my care plan and we often talk about my past and what I used to like".

Care plans we looked at were up to date and contained detailed information for staff about how to deliver people's care in the way they preferred. One person described their care plan to us as, "the book the carers all go to first". People told us and staff confirmed the information in the care plans was correct. Care plans had been regularly reviewed with people and updated as their needs and goals changed. Staff were informed of changes to people's care by the office staff and care plans were updated promptly. Staff had access to all the information they needed to provide people's care and used the log books to handover important information to the next member of staff.

Staff provided the care people wanted and were flexible to their needs. People told us staff asked about the care they wanted each day and provided the support they asked for. People gave us examples, including having a bath or shower when they wanted and going out to different shops with staff depending on what they wanted to buy. One person told us, "They do anything I want, anything at all". Another person said, "They are very good, they adapt to my needs".

People told us staff provided their care at the pace they preferred and did not rush them, although they felt that staff were rushed between calls at times. People's comments included, "They just have to dash around as there are hold ups with other people they visit" and "My loved one is never rushed and is always at ease and comfortable with the carers that come". People's care routines were included in their care plans. This was important as some people liked their care in a particular order each day.

Some people used equipment to help move around their homes, including walking aids. Guidance was included in people's care plans about each piece of equipment and how to use these correctly. People and their relatives told us staff supported people to use the equipment safely.

People were supported to continue to participate in activities and leisure pursuits they enjoyed, such as reading and watching television. Information about people's interests was included in their care plan and staff made sure people had items they wanted, such as television magazines and remote controls. Some people purchased support from staff to assist them to continue to take part in sports or go out. People told us the staff who supported them were fun to be with and they enjoyed their company as well as the care they provided.

People had been offered the opportunity to tell staff about their care preferences at the end of life. Some people had made advanced decisions not to be resuscitated. Staff knew where records of these decisions were stored and shared them with paramedics and others when required. No one using the service was

having support at the end of their life. Staff had supported people to stay at home at their end of their life when they preferred and worked with health care professionals including community nurses to support people to be comfortable. One person's relative had complimented the staff saying, 'We are writing to thank all the carers that were so kind to our loved one and our family. You all made the last months of their life more bearable'.

People and their relatives told us they were confident to raise any concerns they had with the manager and staff. People's comments included, "I have no worries or complaints, but I do occasionally have cause to call the office and that is met with help and concern if needed" and "If I am ever worried I simply call the office without hesitation".

A complaints policy and procedure was available to people and their relatives, in a format that was accessible to everyone and had been followed by staff. People were regularly reminded how to raise their concerns. Complaints had been investigated according to the provider's policy and action had been taken to prevent them from happening again. The provider and manager welcomed complaints and saw them as an opportunity to learn and improve the service. Any minor concerns people or their relative raised were resolved quickly by the manager.

Is the service well-led?

Our findings

People told us they felt the service was well led in general and the manager and office staff were approachable. Their comments included, "I would not think twice about calling the office if there is something I want clarified or cleared up" and "No problem with the staff or calls to the office at all, always friendly and helpful". Other people told us that previously they had felt that office staff had not listened and responded to their requests on occasions.

The provider had supported the previous registered manager and the manager to improve communication between office and care staff and some people told us they had seen an improvement. One person said, "I am happy to a point, we have time problems, but we are working through it". Staff told us the manager was approachable and communication had improved. They said that the office culture felt more welcoming. One staff member told us, "The office staff have improved and are organised. I feel welcome in the office". Office staff told us care staff visited the office more frequently and several staff visited during our inspection.

The registered manager had left the service in April 2018 and had applied to cancel their registration with the Care Quality Commission (CQC) the week before our inspection. A new manager was leading the service and had begun the application process to be registered with CQC. The manager understood the role of CQC and the requirements of the fundamental standards and had shared these with staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The manager had sent notifications to CQC when required.

There was a culture of openness; staff and the manager spoke to each other and to people in a respectful and kind way. One staff member told us the manager was "heaven" and "I could not ask for a better manager". Staff were clear about their roles and responsibilities and were reminded at team meetings and one to one meetings. Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated. One staff member told us, "The culture has massively changed since I got here. My first week here I was shouted at by everyone but now everyone gets on so much better with each other".

Staff told us the manager and supervisors were supportive, approachable and open to discussions about the service and suggestions they made. A supervisor was always available outside of office hours to support staff and people. Staff told us they received useful guidance and support when they needed it. Staff told us they were confident to raise concerns and felt sure they would be appropriately addressed. One staff member commented, "If I have an issue, they will take time to listen to me and sort it out".

Staff had been held accountable for their actions and the manager used any shortfalls as learning and development opportunities. When a staff member had failed to adhere the provider's processes, the staff member was supported to reflect on their practice with their supervisor and complete refresher training. Staff meetings were held every three months. Topics discussed included the updates of the policies and any

issues staff had. More than one meeting was held to allow as many staff as possible to attend.

Checks were completed regularly to make sure people received a good service which met their needs. This included checks of records to make sure they were complete and detailed. Any missed calls were analysed to identify why they had been missed and what could be done to prevent this happening again. This included discussions with staff which were followed up at their next supervision. Some staff's supervision records showed that people had complimented staff they had previously raised concerns about and the missed calls had not occurred again.

People, their relatives and staff were asked for their feedback about the service each year. The last survey was completed in March 2018, 56% of people had rated their care as excellent and 39% had rated their care good. People had also been asked for their views of the service at the three monthly spot checks. Feedback we saw had been positive about staff and people had been reminded how they could raise any concerns they had.

Supervisors completed field supervisions when they attended one of the staff members care visits and observed them supporting the person. Any shortfalls were discussed with the staff member and addressed immediately. Audits of records including daily logs and medicines administration records were completed monthly. When shortfalls were found action plans were put into operation to address them.

The manager worked with other professionals such as the local authority to make sure people received the care they needed. This included when people's need for the service had reduced as well as when people needed more care and support. The team had been complimented by the local authority for working with them to develop a care package for a person, which included rearranging the work allocation and attending assessments at short notice.

Records of people's needs and the care they had received were accurate and up to date. Staff had access to information about people in the person's home and always had the information they need to support people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating in the office and on their website.