

Nurse Plus and Carer Plus (UK) Limited

NurseplusUK - 3a Mey House

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

About the service

NursePlusUK – 3a Mey House is a domiciliary care agency. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene, medicines management and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the service provided personal care and support to nine people who lived in their own homes. The service covers the main towns of Dorchester and Weymouth and the surrounding villages.

People's experience of using this service and what we found

People who used the service, and their relatives, described a reliable, caring service. They confirmed staff arrived when expected. They said the service was flexible, personal and safe. Comments included: "They are professionally competent and personally all very nice people."

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. Risks to people's health, safety and well-being were assessed, and measures put in place to reduce the risks. People's medicines were managed safely. People were supported by staff who had been safely recruited.

Staff had received appropriate training and had their competency assessed regularly to help ensure they were sufficiently skilled and knowledgeable. Training reflected the needs of individual people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with compassion, dignity and respect and they were supported to remain as independent as possible. Staff knew people well and ensured their preferences were respected. People were involved with planning and reviewing their care.

A complaints procedure was in place, which people confirmed they were aware of. People's concerns and complaints were listened to, addressed and resolved quickly.

People said the service was well managed. There were effective systems in place to monitor the safety and quality of the service. Regular feedback about the quality of the service people received had been sought.

Rating at last inspection

The last rating for this service was Good (published February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well- led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We visited two people living in their home with their permission and spoke with another person and two relatives by telephone. We heard about their experience of the care provided. We spoke with six members of staff including the registered manager, the care coordinator, a provider representative and care workers. We spoke with one professional who regularly work with the service.

We reviewed a range of records. This included three people's care and medication records. We also reviewed a variety of records relating to the management of the service, including audits and staff supervision records.

After the inspection

We received information from the registered manager about the on-call support available to people and staff at night.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. People and their relatives said they had confidence in the staff and trusted them. One person said, "They have the skills they need. I feel totally safe with them."
- The provider had policies and procedures in place to ensure people were at a reduced risk of abuse. Staff had received safeguarding training to ensure they understood what to do should they have any concerns.
- The registered manager and staff were aware of their responsibility to report any concerns.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed, and measures were in place to reduce the risks. One relative reflected on risk management plans in place and told us: "It takes a lot of worry off my mind."
- Risk assessments considered people's wishes and supported them to be as independent as possible. Staff understood that this included supporting people to make choices staff did not consider to be the best option.
- Emergency procedures were in place to ensure visits were prioritised for events such as poor weather, flooding or staff sickness. People and staff were not sure what would happen if emergency support was needed during the night. We discussed this with the registered manager. On call arrangements were reviewed during our inspection to ensure staff and people were confident they would get appropriate support if it was needed at night.

Staffing and recruitment

- Staff were deployed effectively to ensure people received the care and support they required. The service did not provide care for less than four continuous hours. Staff confirmed they had enough time to deliver people's preferred care.
- People and relatives told us the service was reliable and they knew the staff who provided their care and support.
- We discussed recruitment processes with the registered manager. They explained the provider's recruitment procedures had remained robust since our last inspection when we assessed them as safe.

Using medicines safely

- People were happy with the support they received with their medicine's management. One relative described personalised training that had been organised to ensure their loved one received their support in a way that reflected their individual needs.

- Staff who supported people with their medicines received training in the safe administration of medicines. Their competency had been assessed to ensure their practice was safe.
- Regular medicines audits were completed. These checks were designed to identify and deal with and errors quickly. For example, some recording had been missed and this had been addressed with the staff team.

Preventing and controlling infection

- Staff were provided with training and personal protective equipment (PPE) such as gloves and aprons to help promote effective infection control.
- Senior staff checked whether staff complied with good infection control processes during regular 'spot checks' and observational supervision sessions.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately.
- The registered manager shared learning from incidents with appropriate members of the staff team to try to avoid similar reoccurrences. For example, changes were made following a missed visit to ensure this could not reoccur.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs continued to be assessed prior to receiving care and support from the agency. A senior member of staff undertook assessments with the input from the person and people who knew them well. We heard from people and relatives that this process had been comprehensive.
- The assessments detailed the support people required to maintain their health and wellbeing whilst respecting their preferences and beliefs.
- Assessments were reviewed dynamically at the start of care to ensure the care provided was appropriate and reflected individual needs.

Staff support: induction, training, skills and experience

- Staff were supported with the appropriate training and supervision needed to carry out their roles. People expressed their confidence in staff's skills and knowledge. Comments included, "They are all professionally competent."; "The staff are all very good." and "They always have the skills, I feel totally safe with them."
- Staff said the training and support they received was useful and enabled them to work safely and confidently. Staff had completed the provider's mandatory training and refreshers as needed. Additional specialist training was provided to ensure staff could meet people's diverse needs. For example, epilepsy and diabetes.
- New training had been made available to enable staff to develop knowledge in areas that interested them to support their practice and career progression.
- Newly employed staff received an induction which included training and shadowing more experienced colleagues. New staff, with no previous experience in care, were supported to complete the Care Certificate. This is a set of national induction standards that care workers should be working to.
- Staff received supervision and competency observations to help ensure they had the knowledge to perform their roles effectively. People and reflected described how these visits were scheduled at varying times of the day to check the staff understood their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People needed different levels of support with maintaining a balanced diet and their dietary requirements and preferences were identified in their care plans. Staff had a good understanding of how to support people with these. During visits to people's homes, we observed staff offering choices and involving people with their mealtime.
- Some people needed support to eat and drink safely and staff had liaised with appropriate healthcare professionals to develop plans that reflected their preferences.

Supporting people to live healthier lives, access healthcare services and support

Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their health needs by staff who knew them well and noticed changes in their health.
- The service worked in partnership with other professionals and people were referred promptly to external healthcare services where needed. Staff followed guidance provided by those professionals. For example, staff had worked with speech and language therapists (SALT); occupational therapists and physiotherapists and followed their advice when delivering care and support to promote people's independence and safety.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff sought people's consent before providing any care and treatment. People confirmed staff always involved them in their preferred daily routine. One person said, "They always ask. They are very respectful".
- People's capacity was considered when planning each aspect of care and people's consent was sought and recorded. One person observed, "They always agree the care plan with me."
- Staff had completed training about the MCA and understood the importance of ensuring people made their choices about their lives.

Is the service caring?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone spoke highly of staff, describing them as respectful; caring and friendly. Comments included: "They are caring, helpful, nice characters.", "They are very thorough, conscientious and very friendly." and "Staff are all very caring."
- Staff had built up positive and caring relationships with people they supported over time. They spoke about them with respect and compassion. People and relatives reflected on how important these relationships were to them. One relative told us: "We learn about each other's lives and can chat." A person said, "The main thing is that I get to know them."
- People's care plans included information about their backgrounds, likes and dislikes and staff understood this information. Staff understood what mattered most to people.

Supporting people to express their views and be involved in making decisions about their care

- People were consulted about the care they required and were supported to make choices about their daily care. This meant that in conjunction with staff they developed flexible routines that worked for them.
- People knew which care worker to expect. People had a team of regular staff. This meant they were cared for by staff who were familiar with their needs and were able to build good relationships.

Respecting and promoting people's privacy, dignity and independence

- People received care and support from staff who were respectful of their privacy and dignity. The support people received with personal care was delivered discretely. People and their relatives also commented that staff respected their privacy within their homes and relationships giving space when it was appropriate.
- People were encouraged to maintain their independence. People were supported to move independently with staff making they had any necessary equipment to keep them safe. Staff liaised with other professionals to ensure people were supported to regain and maintain independence. People told us staff did not do tasks for them that they could do themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People confirmed they received care which meet their individual needs and preferences. One person described how their care plan was kept up to date and relevant through regular communication and updates. Everyone reflected positively on the flexible nature of the support provided describing how this fitted with their lives and promoted their independence.
- The service was responsive to people's identified needs. A person with specific health needs had started receiving a service. The registered manager had ensured that all staff received appropriate training before supporting this person.
- People's care records demonstrated that their needs and preferences were assessed, planned for and met. Care records were kept under review and updated when changes were needed. People confirmed they had been involved in developing the care plans and told us the information in them was accurate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. This information was made available to other professionals should this be appropriate.
- The registered manager confirmed documentation, such as the complaints procedure was available in other formats, such as larger print, if necessary. They also explained they talked through paperwork with people to check understanding.

Improving care quality in response to complaints or concerns

- Everyone received a copy of the complaints process when they started using the service. People said they found all the senior staff to be approachable. They reflected on staff they could talk to and told any issues raised were always sorted quickly.
- Any concerns or complaints were logged and investigated promptly, and feedback given. All complaints had been resolved. Where individual learning was identified as an outcome of complaints this was provided.
- When appropriate learning from complaints was shared with staff to ensure improvements were made and maintained.

End of life care and support

- The staff team supported people at the end of their life according to their wishes and preferences, to enable them to stay in their own home if they chose to do so.
- The staff team were committed to supporting people at the end of their life. We saw thank you cards from family and friends expressing gratitude for the care and support from staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider had developed a person-centred culture at the service. They understood their legal responsibilities towards the people they supported and were committed to delivering person-centred care. They only took on support packages where they believed they would be able to achieve the level of care they were committed to.
- People using the service, relatives and professionals said they felt the service was well managed. They all said they would recommend the service to others. One person commented: "I would absolutely recommend them, they have been very thorough, conscientious and very friendly."
- Staff mostly felt supported by the management team. The registered manager and provider showed staff they were valued, by implementing reward schemes and ensuring that positive feedback was celebrated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post, who had a good understanding of their role and responsibilities.
- The registered manager and senior team had a good understanding of their service and the support needs of people using the service. People knew them well and said they were very approachable.
- Staff were motivated and enthusiastic about their work. They worked well together and told us how much they enjoyed their work. One staff member said, "I am very motivated in my work...I am well supported."
- There were systems in place to monitor and assess the service provided, this enabled the registered manager to identify and address any shortfalls.
- The registered manager and provider completed a range of audits which included: complaints, records, care records and daily reports, and staff support. Records showed if shortfalls were identified action was taken to prevent a reoccurrence. For example, a medicines error led to additional training.
- Senior staff completed regular spot check visits, observing staff and speaking with people using the service. These visits enabled staff to receive feedback regarding their working practice, and enabled people to share their experience of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and provider understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability

when things go wrong.

- Where incidents had occurred, these were investigated, and apologies given where the service was found to be at fault. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.
- The registered manager also understood their obligation to inform CQC about significant events within their service using the appropriate notifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were asked to share their views about the service informally and formally and felt very encouraged to do so.
- Staff also had an opportunity to share their views about the service, through meetings, regular supervision sessions and surveys.
- Feedback from professionals showed the service worked in partnership to ensure the best outcomes for people. A professional told us that they had confidence in the care and support people received.
- The staff had close links with external agencies and the staff team worked in partnership with health care professionals to support people's health and wellbeing.