

Nurse Plus and Carer Plus (UK) Limited

Nurseplus UK

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 14 and 15 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 90 people receiving a service at the time of our inspection. One person's relative told us, "They are kind and caring. I can see they are out for the best for my love one and help me".

The registered 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 6 July 2017, we asked the provider to take action to make improvements to the way they managed people's medicines. At this inspection we found that 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 as their healthcare professional had prescribed. Changes in people's health were identified quickly and staff supported people to contact their doctor. People were supported to eat and drink enough. Staff followed safe practices to prevent infections.

Equality, diversity and human rights were at the forefront of how support was provided. The strong person-centred culture was shown through the exceptionally kind, caring and compassionate approach from the registered manager and all members of the staff team. 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. People received care in the way they preferred at the end of their life.

People received care tailored to them. Assessments of people's needs had been completed and any risks had been identified with people and their relatives. Guidance was available to staff about how to keep

people safe and provide each person's care in the way they preferred. Staff supported people to take part in leisure activities they liked.

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 registered manager. People and their representatives told us they were confident to raise any concerns they had with staff and that these would be acted on. Complaints received were investigated and responded to. Action was taken to prevent them occurring again.

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 registered 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 any concerns were acted on and used to improve the service. Accidents and incidents had been analysed and action had been taken to stop them happening again.

Staff felt supported by the registered 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.

The registered manager worked with the local authority and other providers to improve the service.

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 who knew people well, 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 registered 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 14 and 15 August 2018 and was announced. We gave the service notice 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 talking with and meeting people and their loved ones about their experiences. We interviewed staff, reviewed records. We visited the office location on 14 and 15 August 2018 to see the registered 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 two 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 registered manager, five staff, and 23 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 safe, they are nice people. I trust them", "I know who is coming in to my home, it makes me feel safe" and "My loved one has a key safe, staff always knock on the door before they let themselves in and shout up the stairs letting my loved one know who is there when they come".

People's medicines were managed safely. The registered manager had taken action to address the shortfalls we found at our last inspection in relation to the accuracy of medicines records, when staff did not have enough time to administer one person's medicines and there was a lack of guidance about some people's 'when required' medicines.

People told us they received the support they needed from staff to take their medicines. People's comments included, "I self-medicate, the carer always asks if I have taken my medicine", "Staff get the medication from the box put it in my hand and wait to make sure I take them. They always record it in the book" and "My loved one always gets given their medication". Staff supported people to manage their medicines as independently as they wanted to. One person told us they ordered and collected their prescribed cream and staff applied it to the areas of their body they were unable to reach when they asked.

Staff training in medicines had been updated 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. One person described to us how staff supported them to take their medicine. This reflected the important guidance about taking the medicines safely provided by the person's pharmacist. Medicine administration records were fully completed and the application of creams was recorded. Staff advised people and their relatives about safe storage of medicines, including secure storage when needed. Any medicines recording errors had been investigated and staff had been supported to reflect on their practice. When required staff completed refresher training to make sure further mistakes did not occur.

People told us they felt safe from abuse and harm and were confident to raise any concern they had. One person told us, "I feel safe, carers know what they are doing, they always check if everything is alright and ask if I have any concerns".

The registered manager was aware of their safeguarding responsibilities and followed the provider's policies which reflected local authority safeguarding procedures. Records showed that the registered manager had acted on any concerns they received. 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 confidently described their safeguarding responsibilities to us, including what they would do if they suspected someone was being abused. They felt supported by office staff to raise concerns and were confident that any concerns would be dealt with appropriately.

Risk to people had been assessed with them and staff followed detailed guidance to support people to remain safe. This included the risks associated of people falling. For example, details of the special

equipment people used, including walking aids and hoists and the support they needed to use it safely. Person told us, "They know I am worried about my balance so hold out their hand for me to hold when I come out of the shower". Risk assessments were reviewed regularly and identified changes in the care people needed. Care staff informed office staff about changes in people's needs that happened between planned reviews. Office staff visited people to review the risks and agreed any changes to how they were managed. 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 had been provided to staff about how to manage potential risks and respond to emergencies. Some people lived in specialist 'extra care' housing, people, staff and other professionals working at the site had practiced how to support people to remain safe in an emergency, such as a fire.

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. One person and their regular carer told us about an incident that had occurred in the person's home. The incident had been investigated and action that had been taken to reduce the risk of it happening again. The person told us they were happy with the solution which made them feel safer.

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

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. People's comments included, "Very reliable always on time", "Generally on time, if they are going to be late I get a call, when it was snowing they rang and apologised for the lateness" and "They do stay for the half hour, they don't rush, we have to take short breaks when they are washing me as I get tired". People were informed 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 person told us, "I always have the same carer unless they are on holiday and someone else covers, I'm quite happy with the carers that come". 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 and people told us they always knew who was coming to support them. One person's relative told us, "My loved one needs stability and takes a while to get used to change. We always meet new carers before they come to provide the service". An on-call system was in operation to support staff in the evenings and at weekends.

Contingency plans were in place for bad weather and other emergencies. One person told us, "My carer was sick today, they rang me and said they were sending another one". We asked one person's relative if their loved one had received the support they needed in heavy snow the previous winter. They told us, "I didn't even think about that. The carer walked and my loved one continued to get the same support from the same carer".

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

The registered manager or a supervisor met with people and their relatives when necessary, to talk about their needs and wishes before they received a service. 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 registered manager make sure staff could provide the care in the way the person wanted. People's comments included, "Several people from the office came to visit me to sort out a care plan for me. I said what help I wanted when I am having a shower and they told me what they could offer" and "They came to the house and completed needs and risk forms and agreed with us what they could offer to help to keep my loved one remain as independent as possible".

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. No one had a DoLS authorisation in place. The registered manager understood their responsibilities under DoLS.

People were able to make 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 person's relative told us, "The main carer is very experienced at knowing how to talk to my loved one. They will ask once if my loved one can wash themselves. If they say no the carer asks another way like "I think you should freshen up, you will feel better" and if my loved one still says no the carer will let me know and I will try".

Some people told us staff prepared the food and drink they liked, in the way they preferred. Other people told us staff supported them to remain independent. People comments included, "The carer always asks what I would like in my sandwich they prepare for my lunch. They always leave me with a nice cup of tea before they leave. Will wash up for me if I ask", "They always prepare porridge and cup of tea for me in the morning. During the hot weather they checked I had plenty of squash and water in the fridge" and "They make my breakfast, whatever I want sometimes scrambled eggs or bacon sandwiches or poached egg. Whatever I fancy". One staff member told us how they supported a person with a reduced appetite. They

told us that if they offered to make the person a meal the person would refuse, so they prepared the person a small meal and offered it to them. The person always ate the meal, their weight had increased and their health had improved.

Staff supported people to maintain good health and noted any changes in their health quickly. People told us staff encouraged them to contact their GP or community nurse when they felt unwell or did this on their behalf with their permission. One person's relative told us, "The carer noticed a rash and said they thought it was shingles. They called the GP and it was". When people asked, staff supported them to see their health care professionals by arranging home visits or accompanying them to appointments.

People and their relatives told us staff had the skills they required to meet people's needs. Their comments included, "A new carer shadows the more experienced carer. Carers are personable and good communicators" and "I'm so impressed by the training and how much the staff know".

Staff had received the training they needed to undertake their roles and meet people's individual needs. This included completing an induction and shadowing experienced staff before they worked alone with people. Staff who did not hold recognised qualifications in care also completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. Staff met people's individual care needs. One person's relative told us, "I suggested that training could be improved for new staff on my loved one's condition. Recently I noticed that someone now comes with new staff to show them what to do".

All staff received regular training and updates. Refresher training for practical skills such as medicines administration, prevention and control of infection and safeguarding was arranged to keep staff skills up to date. Some care staff also held recognised adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they are competent to carry out their role to the required standard.

All staff received regular supervision and annual appraisal which enhanced their skills and learning. Staff told us they found these sessions helpful. Discussions included training and development opportunities and staff told us they received the training required to develop. One staff member told us they had asked to complete a higher level of vocational qualification and the registered manager had arranged this for them. The staff member was planning to do more training, which the registered manager encouraged.

Office staff completed regular checks on staff's ability to perform their role, including unannounced spot checks at people's homes. People confirmed this, one person told us, "When the supervisor comes, they observe the staff, check the folder and ask me how I am and if I have any concerns. The supervisor is easy to talk to".

Is the service caring?

Our findings

Everyone we spoke with told us they received an outstanding service from staff who were friendly, kind and caring. They told us the staff took extra time to get to know them and fully supported and respected how they had chosen to live their life. People's comments included, "Staff are very caring, very chatty. It's a good way to start a morning off seeing my carer", "Staff are absolutely caring. Couldn't have a better bunch of staff. Cannot fault them at all. They sit down, hold my loved one's hands and talk to them, my loved one is spoilt by the carers" and "I would trust them with my life".

People told us the staff went above and beyond their role to support them and their relatives. One relative told us about, "The day the carer saved my life". The relative had become unwell before the carer from Nurse Plus arrived at their home. On arrival the carer obtained emergency care for the relative and had stayed with their loved one in their own time for several hours until another relative arrived to support the person. The relative told us, "[Carer's name] took complete control of the situation, reassuring my loved one and contacting our family. As far as I am concerns we received exemplary care for everyone involved".

Another person wanted to learn a new language and was supported to do this by their carer. The person's relative had told the registered manager, '[Staff member's name] is a breath of fresh air to me and my loved one. They take time to sit with them and learn something they enjoy'. The person told us they enjoyed learning new things and the they would not be able to do this without the support of their regular carer.

Respect for people's privacy and dignity was at the heart of the service's culture and values. People and their families felt respected, listened to and valued. People had been given opportunities to discuss their sexual orientation or gender identity. Staff treated everyone as an individual and respected the choices. Information about people's sexual orientation or gender identity was only shared with the person's permission and in the way the person preferred. When people chose not to have information recorded in their records, information was to share verbally with staff who supported them at the person's request. We reviewed the person's records and found their wishes had been respected. Staff referred to everyone by their preferred name and gender.

People were fully involved in choosing the staff who supported them, including their gender, which was very important to some people. Office staff endeavoured to match people with staff based on their personality. People and staff had developed friendships. If a person did not like a staff member and asked that they did not provide their care their choice was respected.

People were supported by staff to maintain their personal relationships. Staff understood who was important to the person, their life history, cultural background, spiritual beliefs and sexual orientation. People had shared information about their life with staff before they began using the service and staff knew people well. One person had a favourite game which they continued to play with their regular carer. The pair played games tournaments together and kept a score of who was winning. The person and their carer told us they enjoyed the games and there was a friendly competitiveness between them.

People were relaxed in the company of staff. People's comments included, "I am able to have a laugh and joke with them" and "My loved one has a good banter with them". One person and their carer laughed together as they told us about the how the carer supported and encouraged them to be independent. Another person told us their regular carer was "Excellent company".

People told us staff knew what caused them to become anxious or upset and supported them to remain calm. One person described how staff had supported them when they had been unwell and told us, "They saved my life that night". Staff had stayed with the person and reassured them during the night. The person told us how the staff members had comforted them and cared for them. They told us, "There aren't many people who would do that".

Another staff member described to us how they had noted a person's pain had increased by the person's facial expressions. They had discussed this with the person and with their agreement had contacted the person's doctor, who had prescribed pain relief. The person told us their pain had reduced and the staff member explained that the person was more active and independent since taking the pain relief.

Everyone we spoke with told us staff supported them to maintain their independence for as long as they wanted. People's comments included, "My carer encourages me to wash as much as I can manage for myself" and "The carers cut up my sandwiches into smaller pieces so I can use a fork to pick it up myself". Information about what people were able to do for themselves was available for staff to refer to in people's care plans. The care plans reflected what staff and people told us.

One person had used a wheelchair to move around their home when they began using the service. With support from their regular carers the person has exercised regularly to strengthen their body and is now able to walk around their home unaided. This has enabled them to take up activities that they had enjoyed previously such as camping. The person had told staff, 'I have come from wheelchair to a walker with the help of the staff who have encouraged me to walk again because of their care and inspiration. They are always happy and willing to go beyond their duty'.

People and their relatives told us staff gave people the privacy they wanted, such as leaving the room when requested. People told us, "The curtains and door always kept closed when I am being washed and dressed" and "The carer will close the door whilst they shower me, then they open it as they know I like it open". 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.

Staff supported people to stay in touch with their loved ones. One person's regular carer took a photograph of them each Christmas and sent it to their relatives at the person's request. People's relatives told us the staff kept them informed of changes in their relatives needs and health and let them know quickly if they relative needed anything. One person's relative said, "The staff are very nice and friendly, they always give me a call if my loved one is getting low on things".

The registered manager logged all compliments received from people, their relatives and other professionals. Feedback was shared with the staff team, staff member when it referred to them specifically and the provider. Examples of comments made included the following, 'Confidence amongst the tenants has greatly improved regarding the service provided by the onsite care team. Compliments are often given in the tenants meeting to Nurse Plus. This is down to the long serving, reliable and friendly staff and this has made a difference to the tenants' and 'Thank you for your valuable input to facilitating such a positive outcome for [person's name], through the one to one care and support being provided by the dedicated carer'.

People who needed support to share their views about their care were supported by their family, friends, case manager and power of attorney. The registered 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 registered manager ensured people were provided with information in ways they understood, such as large print and o 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, "The supervisor reviewed my care plan. They know I want to keep independent and do as much as I can for myself. I also know if I want more help they will increase the visits", "My loved one decided they didn't want to shower anymore. We sat down with the supervisor and discussed changing my loved one's care plan to having a wash instead" and "I am involved in care plan reviews. I discuss the care plan with the supervisor when they periodically visit to carry out spot checks".

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. Care plans had been regularly reviewed with people and updated as their needs and goals changed. People told us and staff confirmed the information in the care plans was correct. Staff told us they had access to all the information they needed to provide people's care.

People told us staff provided the care they wanted and were flexible to their needs. They told us staff asked about the care the support they wanted each day and provided the support they asked for. One person told us, "They always ask if I want a shower or a wash, it is my choice". People told us staff provided their care at the pace they preferred and did not rush them. Their comments included, "I find all the staff are very patient and I'm never rushed" and "My carer will ask me 'bath or wash today?' Whatever suits me is ok with them". 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 hoists. 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. The registered manager had contacted the equipment provider to make sure that safety checks were completed.

Each person had a log book in their home where staff detailed the care and support people had received each day. The information in the log books was detailed about the care people had received and people confirmed they were accurate. Staff used the log books to handover important information to the next member of staff. Staff were informed of changes to people's care by the office staff and care plans were updated promptly.

People were supported to continue to participate in activities and leisure pursuits they enjoyed, such as reading and watching television. Staff supported people to stay in contact with people who were important to them, including their family and friends, to prevent them from becoming lonely and isolated.

People had been offered the opportunity to tell staff about their care preferences at the end of life. People's comments included, "I have already let staff know how I want to be cared for" and "I have asked to be cared for at home". 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, 'Thank you for the loving care and attention over the past couple of years. We are certain it helped extend our loved one's last few years with us. They would often talk about the girls fondly and looked forward to your visits. Words cannot express how much we appreciate your help'.

People and their relatives told us they were confident to raise any concerns they had with the registered manager and staff. People's comments included, "I would speak with the supervisor who I know would sort it out" and "Any issues, I would speak with one of the managers, they would sort it out straight away".

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. Complaints had been investigated according to the provider's policy. Complaints were followed up to make sure they had been resolved to the complainant's satisfaction. One person told us, "When one of the staff didn't turn up I called the office staff. They dealt with it immediately, contacted the carer and phoned me back to let me know the carer had got lost but still coming if that was okay with me"

The provider and registered manager welcomed complaints and saw them as an opportunity to learn and improve the service. Staff discussed concerns and incidents and the action taken to reduce the risk of them happening again at staff meetings so everyone could learn from them.

Is the service well-led?

Our findings

People told us they felt the service was well led and the registered manager and office staff were approachable. Their comments included, "I feel I can ring them at any time, they are all so friendly and helpful", "Magnificent, very well run and well organised" and "They employ dedicated staff who do things that they know will help me".

The registered manager understood the role of the Care Quality Commission (CQC) and the requirements of the fundamental standards. They were supported by the provider, a trainer, two supervisors and an administrator. People and staff told us the registered manager was approachable. One person told us, "I have spoken to the manager, they are easy to chat to".

There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. Staff were clear about their roles and understood what was expected of them. They were reminded of this at team meetings and during one to one meetings. Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated. The provider had a 'carer of the month' recognition scheme in operation and staff were nominated by people and other staff, and received a small reward. When compliments were received about a staff member they were passed on to the relevant staff member. Staff told us they were confident to raise concerns and felt sure they would be appropriately addressed.

Staff told us the registered 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 it was reassuring to have access to support outside of office hours and that they received useful guidance and support when they needed it.

Staff were held accountable for their actions and the registered manager used any shortfalls as learning and development opportunities. When a staff member had failed to adhere to the provider's processes, the registered manager supported staff to reflect on their practice and complete refresher training.

Checks were completed regularly to make sure people received a good service which met their needs. Reports of the outcomes of checks and audits were shared with the provider weekly so they could quickly identify if standards at the service had slipped and further support was required.

Checks included three monthly spot checks on staff's practice these included people's views on the service they received, such as did the staff arrive on time and wear their uniform. 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.

People, their relatives and staff were asked for their feedback about the service each year. A survey of

people's views was being completed at the time of our inspection. One person told us, "Have had a survey recently. Overall, it's a good service. I am happy with them". Suggestions people had made had been used to improve the service. A relative told us, "I suggested that training could be improved for new staff on [management of a specific medical condition]. Recently I noticed that someone now comes with new staff to show them what to do". The relative told us this had improved the service their loved one received.

The last staff survey was completed in July 2018. The responses had been analysed and were positive. Staff's comments included, 'I have called in to the office with concerns and they have been dealt with effectively' and 'Office staff are so friendly that they've made me feel at home with Nurseplus'. Staff were also invited to share their views and suggestions at regular team meetings.

It was the registered manager's aim to continually improve the service, including involving people more in the service. Everyone had been invited to a quiz night and summer fete. People had told the registered manager they 'had a lovely day'. The registered manager planned to hold more events when people and staff could meet socially.

The registered manager worked with others to develop their workforce. They were involved in a project with the local authority, job centre and other providers to offer unemployed people the opportunity to experience jobs in different care settings with training and shadowing opportunities. Project members then had the opportunity to apply for jobs.

Records of people's needs and the care they had received were accurate and up to date. All staff had access to information about people in the person's home. They told us this meant they always had the information they need to support people.

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. Notifications had been sent to CQC when required.

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.