Nurse Plus and Carer Plus (UK) Limited

Nurseplus UK - 3 Hyde Gardens

Inspection report

3 Hyde Gardens
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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
Nurseplus UK - 3 Hyde Gardens is a domiciliary care agency which provides support with personal care to people living in their own homes. The provider is a large organisation who has a number of branches throughout the country. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 39 people were receiving support with personal care.

People's experience of using this service and what we found
People were supported by staff who were kind, caring and patient. They understood people's care and support needs and what was important to each person. They were enabled to make their own decisions and choices about the care they received each day.

People received support from a regular group of staff who knew them and understood their support needs. The deputy manager was continually working to ensure people's group of care staff remained as small as practicably possible. Staff arrived at their calls when they should and stayed for the correct amount of time.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the service.

Risk assessments provided guidance for staff about individual and environmental risks. Staff understood the risks associated with the people they supported. People were supported to receive their medicines safely, when they needed them.

Staff received training that enabled them to provide the care and support that people needed. Staff received regular supervision and support from the deputy manager. They felt supported by their colleagues. People's health needs were met, they were supported to have access to healthcare services when they needed them. People told us staff were attentive to their health needs and would seek guidance when necessary.

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.

There was a manager working at the service who had good oversight. They were able to tell us about people and their needs. They were working to continually develop and improve the service. There was an audit system which helped the provider identify areas which needed to be improved.

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

Rating at last inspection
The last rating for this service was good (published 16 December 2016).

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.

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.

Nurseplus UK - 3 Hyde Gardens

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 team included one inspector and an expert 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.

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.

The registered manager was currently not working at the service and the deputy manager was responsible for the day to day running of the service.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the manager would be in the office to support the inspection.

Inspection activity started on 18 September 2019 and ended on 19 September 2019. We visited the office location on 18 and 19 September 2019.

What we did before inspection
Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection
During the office site visit we looked at records, which included six people's care and medicines records. We checked training records and looked at a range of records about how the service was managed. We spoke with 14 people by telephone to gather their views about the support received. This included people's relatives and representatives. We visited four people in their own homes and spoke with them and their relatives about the support they received. This also helped us to observe interactions between people and staff. During the inspection process we spoke with eight staff, this included the deputy manager and the quality assurance advisor from the provider. We received feedback from one healthcare professional who was supported someone who used the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We contacted five professionals who were involved with the service to ask for their feedback. We received written feedback from two further staff members.

Good

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 has 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 risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.
- Staff received safeguarding training and were able to tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination. This included reporting to the manager or most senior person on duty.
- Where concerns were identified these had been referred to the appropriate authority. The management team worked with relevant organisations to ensure appropriate outcomes were achieved.
- There was safeguarding information displayed at the office. This included all the information staff may need if they were concerned someone was at risk of harm or abuse.

Assessing risk, safety monitoring and management
- Systems were in place to ensure risks to people were managed safely. There were a range of individual and environmental risk assessments which reflected people's assessed needs. These were reviewed and updated regularly or when people's needs changed.
- Risk assessments identified individual risks. Risk assessments and care plans provided detailed guidance for staff on how to minimise or prevent the risk of harm.
- People told us they felt safe when being supported by staff. One person told us, "I feel safe with them, they are always very careful." One relative told us their loved one received support from two staff. They said, "There's always one member of staff who's competent, [name] feels safe she enjoys their company."
- Environmental risk assessments included information about how to keep people safe at home. This included ensuring the person had a working smoke alarm in place, and that trip hazards such as rugs and trailing wires were kept to a minimum.
- Staff understood the risks associated with supporting people and knew what steps to take to ensure the risk of harm was reduced. This included checking people's pressure areas when providing personal care. One staff member told us, "I think the district nurses get fed up with us, any little mark we refer. It's no good waiting until it gets worse."

Staffing and recruitment
- There were enough staff working at the service to ensure people received the care and support they needed at times of their choosing.
- The deputy manager told us they would only agree to provide care to people if they had enough staff to do

so.
● People's visits were planned, and this included people's preferred time for the care visit and how many staff were needed.
● The recruitment process ensured staff were suitable to work in the care environment. This included criminal record checks and references.

Using medicines safely
● There were systems in place to ensure medicines were managed safely.
●Some people needed support to take their medicines safely. Their ability to manage their medicines had been assessed and risk assessments were completed. These provided guidance for staff.
● One person said, "Medicines are regular, the carers give them to me." One relative told us they had seen the benefits of staff giving the medicines. They said, "I am very pleased with the way they administer dad's eye drops it was becoming an issue with mum doing them, he much prefers the carers to do it."
● Some people had been prescribed 'as required' (PRN) medicines. People only took these medicines when they needed it, for example if they were in pain. There were protocols in place which described when and why PRN medicines may be needed.
● Each person had a medicine administration record (MAR. Staff recorded when people had taken the medicine or if it had been taken, or refused.
● Staff completed medicine training and medicine competencies before they provided support to people with medicines.
● One staff member told us if there were any concerns about medicines they would contact the office staff, who would then address the issue. They told us, "Medicine issues are sorted instantly." The staff member told us about one incident when a person was struggling to get their medicines. They said "(Office staff) worked hard and made sure the person didn't go without."

Preventing and controlling infection
● Risks around the prevention and control of infection were well managed. Staff had received infection control training, and food hygiene training. These were regularly updated.
● Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people with personal care and the application of creams.
● When we visited people at home, we saw staff washed their hands and used PPE appropriately. Staff ensured any soiled items were placed in a bag and disposed of appropriately before they left.

Learning lessons when things go wrong
● Safeguarding's, incidents and concerns were recorded and responded to promptly. Where appropriate the information was shared with staff. This helped to ensure that they were all aware of what steps to take to prevent a reoccurrence.
● This was done through staff meetings and regular email updates about changes.

Good

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 were assessed before they started using the service. The assessment included people's care needs, what they wanted from their care visits, individual preferences such as what time they would like their visits.
- Staff told us, and records showed that as far as possible, assessments took place with the person and their relative. Information from the assessments was used to develop the care plan.
- The assessments were regularly reviewed to ensure people received the right support.

Staff support: induction, training, skills and experience

- When staff started working at the service they completed an induction. This included three days where they learnt about the service, read policies and completed training. The training included moving and handling, safeguarding, infection control and medicines. One staff member told us, "The three day training really sets you up for when you go out."
- Competency assessments were also completed to ensure staff had understood the training and had the knowledge and skills to support people appropriately.
- New staff then shadowed senior staff where further competency assessments were completed to ensure staff were able to use their learning and knowledge in practice.
- There was a training program in place. This ensured staff received regular training updates. Medicine training and competency assessments were completed every six months, other training was updated each year.
- Staff were encouraged and supported to complete extra training, this included health and social care diplomas and distance learning courses.
- If concerns were identified with a staff members practice, such as medicine errors, then they repeated relevant training to refresh their knowledge and competencies.
- People told us staff had the knowledge and skills to look after them. One person told us, "I feel very safe in the hoist they seem well trained."
- Some staff had received training to support people with specific health needs. This included stoma care and support with the use of suction machines.
- There was a system in place which ensured staff were supported with regular supervisions. This included one to one meetings, appraisals, spot checks and field supervision. The spot checks and field supervision included observation of the staff member in practice and included reviews of their skills, interactions with

people and time keeping. Further training and support was provided as necessary.
● Staff told us they felt supported in their roles and could contact the deputy manager, office or on-call staff for guidance and advice.

Supporting people to eat and drink enough to maintain a balanced diet
● Some people needed support to have enough to eat and drink throughout the day. Staff were aware of the importance of encouraging people to eat a healthy diet. One staff member told us that one person had not wanted anything to eat. They had suggested some soup which the person agreed to. They then suggested some bread with the soup which was accepted and later the person requested a dessert. The staff member said, "It's about getting people interested and once they can smell something nice it stimulates their appetite."
● There was information in people's care plans about their support and dietary needs. For example, if people needed a specialist diet or thickener in their drinks.
● Where people were at risk of malnutrition or dehydration food and fluid charts were completed. This gave an overview of what people had eaten and drunk throughout the day. It also helped identify what types of food people enjoyed and could be encouraged to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People and their relatives told us staff supported them to maintain good health. One relative said, "If there is something like a sore, they are straight on to it, they arrange a medic to come out or if [name] is feeling a bit unwell, they ring the office and the office make decision. They usually go on the side of caution and call a doctor." One person told us, "If they notice something, they will call the doctor but my relative does the rest."
● Records showed, and staff told us, that people were supported to access health care professionals when their needs changed. Staff contacted relevant healthcare professionals, for example the GP or district nurse, to ensure people received the appropriate care and support.
● People told us they were able to contact their GP in they needed to but were confident staff would do so on their behalf if they became unwell.
● Where people had been referred to other healthcare professionals such as occupational therapists, speech and language therapist staff worked with them to help obtain good outcomes for people.

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 received mental capacity training, and this was updated each year.

● Where people lacked capacity, mental capacity assessments had been completed. These showed how the person lacked capacity and provided guidance for staff about how to support the person in their best interests.
● Staff understood about giving people choices in relation to people's care at each visit. One staff member told us if a person lacked capacity and declined care they would ask the person again, using different wording to make sure the person had understood. The staff member said, "It's important to always give people options."
● People told us that staff always checked that what they were going to do was what people wanted. One person said, "[Name] comes in, has a chat asks me what I would like done."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

- People and their relatives told us staff were kind and caring. One person said, "They are very kind and making an effort to get to know me." Another person told us, "All the girls are lovely; they are very, very good." One relative said, "The staff are very kind and take a great interest in my parents." Another told us, "90% of staff have got to know my wife very well the other 10% they don't send often enough for them to get to know her."
- People gave us examples of staff kindness. A relative said, "Mum told them the other day that they had run out of milk, so the carers went and bought her a bottle."
- People had developed good relationships with people. One person said, "They are like friends really, we have a good chat, I look forward to them coming." A relative told us, "Before we had them, I felt a bit isolated, they have made a difference."
- Staff treated people as individuals and supported them to maintain what was important to them. One relative said, "Dad has a regular male carer; he likes another chap to talk to for a short period of time and he (carer) is very confident at giving him a wet shave which he prefers to the electric razor."
- During our visits to people's homes we observed relaxed and caring relationships between people, their relatives and staff. Staff talked with people whilst providing care and we heard laughter and friendly banter.

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

- Staff told us they followed the care plan. However, they asked people about the care they wished to receive. During the visits to people's homes we heard staff discussing people's support needs and being led by people's wishes. Before staff left, they asked people if there was anything else they needed.
- People told us they were involved in making decisions about their care and support. People told us staff always made sure they had everything they needed before they left. One person said, "Before they leave, they ask if I'd like the window open and check that I have everything I need. They leave me with a hot drink within my reach."
- Assessments, care plans and reviews showed that people were involved in the decision making. People, their relatives and representatives were involved in deciding the content of the care plan to ensure it reflected people's needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected them and helped them maintain their privacy and dignity. One person's

representative said, "They treat [name] with the utmost respect, she loves the attention."

● People were given a choice of male or female care staff. As far as possible this was respected. If people needed support from two staff at each visit, then a male staff member may support a female staff member. We were told on these occasions the female staff member would lead the call and the male staff member would not provide personal care. People told us staff were, "Very discreet."

● One person told us, "They are very discreet with my bed bath; I usually have a man and a woman. I don't like two men and I have told the office." Another person said, "I just have personal care in the morning and at night, they have never sent a man I prefer a lady."

● People were supported to maintain and improve their independence. Care plans included information about what people could do for themselves and where they needed support.

●There was information about dignity displayed at the office. This reminded staff what dignity is. One staff member told us that although they had not received specific dignity training, dignity was woven into all aspects of training they received.

Good

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's care plans and assessments provided detailed guidance about their support needs. They included information about personal care, mobility, nutrition and physical and mental health needs. There was also information about people's histories and their interests.

● People's visit times were agreed when they started using the service. These were arranged with people and their relatives. The deputy manager told us as far as possible they would accommodate people's preferences.

● People were supported, as far as possible, by a group of staff who knew them well and visited them regularly. Where people needed two staff at each visit at least one staff member would be familiar to the person. One relative told us, "Once they sent two new girls together. I had to put a stop to that, I phoned the office and it was sorted."

● People and their relatives told us they usually had regular staff. One person said, "Pretty much the same, I have two at a time." A relative told us, "We have 10 or 12 carers, but we have got to know them all."

●The deputy manager told us they would try and change people's call times to suit their needs. One person told us, "We asked for a later last call and they changed it." Another person told us that after a short time away from the service one of their call times had changed. The manager was aware this had happened and was working to accommodate the person's choice of times.

●The manager told us that recently a number of full time staff had left, this meant people's calls were currently being covered by a larger number of staff than usual. The summer holiday period had also impacted on people's calls. One relative said, "Sometimes we have five different carers in a week, but the team leader is back, and they seem to be getting back on track."

● Staff told us they looked after regular groups of people but when required they would support people they were less familiar with, if their regular staff member was not available. One staff member said, "During the week my clients are the same but at weekends they vary."

● Staff knew people really well. They told us about each person, their individual care and support needs. Before supporting people, they had not met, staff were given information about the person, their care and support needs and background information. This helped to ensure people received care and support that met their individual needs.

● People and their relatives told us they received the care and support they needed. They told us staff stayed for the correct amount of time. Relatives told us that on occasions staff would provide little extras. One relative said, "Every now and then they paint her nails." Another relative said, "In the evenings sometimes, we get a good sing song going which my wife really enjoys."

● Staff had built good relationships with people and their relatives. During the inspection we observed staff engaging with people's relatives and involving them in discussions throughout each visit. Staff were aware of the importance of supporting relatives as well as people.

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.
●There was information about people's communication needs in their assessments and care plans. One person's assessment stated they needed glasses to help with their vision.
● Staff knew people well and were able to communicate in a way that each person understood.
● Some people, whose first language was not English were supported by staff who could communicate in their own language. Other people had taught staff a few words of their own language which staff were able to use.
● Where necessary care plans were provided in a larger print to make them more accessible to people and their relatives.

Improving care quality in response to complaints or concerns
● People and their relatives told us of they had any concerns or complaints they would contact the office. One person said, "I have had one or two problems in the past but talk to the office." A relative said, "Quite a while ago there was no continuity of staff and they were arriving late, so I spoke to the office and we had a meeting and it was sorted."
● There was a complaint's policy, and records showed complaints were responded to and addressed appropriately. There were two ongoing complaints at the time of inspection. These were currently being dealt with.
● During the inspection people raised some concerns with us which we discussed with the deputy manager. This included late arrival of the rota which meant they did not always know who was visiting on a Monday morning. We discussed this with the deputy manager who was already aware of these concerns. They told us this was due to using a different post box. After the inspection the deputy manager told us that rotas would be sent out earlier on Friday afternoon to try and ensure rotas were received on Saturday.

End of life care and support
● There was information in people's assessments about their end of life wishes. This included whether they had a 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNACPR) order. This is a decision made in advance that attempted CPR would not be likely to be appropriate for a person in the event of cardiac arrest.
● Some care assessments included information about any specific requests people had about end of life care. This information would be used to develop future care and support for people when required.
● Some people were receiving end of life care and staff worked with other healthcare professionals to ensure they received the care they needed.
● Staff told us that everybody was given the opportunity to discuss their end of life wishes when they started using the service. Staff said that this was something some people preferred not to discuss, and their wishes were respected.

Good

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; 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

- The deputy manager had promoted an open, person-centred culture at the service. People and relatives spoke well of the deputy manager, office staff and care staff.
- One person said, "I can't fault them." Another person told us, "The office are very helpful if I ring." A further person said, "The office is very helpful; the homecare co-ordinator came out of hours to get me into bed when there was no regular carer for me. They've been really good." A relative told us, "I phoned the office to tell them things weren't happening as I thought it should be. They immediately had someone down there to sort it out."
- People and their relatives told us they could contact the office at any time if they needed advice or support. One person said, "They are always available in the evenings if I need them." Another person told us, "I can phone out of hours."
- Staff told us the deputy manager was approachable and they could speak to them at any time. One staff member said, "If I need anything I can phone or call into the office and speak to anyone." Another staff member said, "(Office staff) is amazing, they will sort anything you need."
- The deputy manager was aware of their responsibilities including those under duty of candour. Statutory notifications were submitted to the CQC when necessary.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a registered manager, but they were not working at the service at the time of the inspection. The deputy manager was currently responsible for the day to day running of the service, they were supported by senior managers from the provider.
- The deputy manager was also supported by care co-ordinators who worked in the office and supported the deputy manager with assessments, and planning rotas.
- The deputy manager had a good oversight of the service, what was needed to improve and develop the service further. This included ensuring people received their rotas in a timely way.
- There was a quality assurance system which helped to identify areas that needed to be improved and developed. For example, we found one care plan for a person living with diabetes did not contain any information about what steps to take if the person's blood sugar was low. This had been identified in the

audit and the deputy manager told us how this was being addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were given regular opportunities to provide feedback about the service. Annual surveys were sent out for people and staff to tell the provider about their experience of the service.

● People were kept informed about what was happening at the service through a monthly newsletter. This included information about issues that may affect the service. For example, the August newsletter informed people of roadworks in an area of town that may impact on staff travel times. It also told people about staff changes, as some staff had left employment and others were on leave. This identified to people there may be some impact on who their care was provided by.

●Staff received regular spot checks and were observed supporting people by senior staff. During these supervisions people and relatives were asked for their feedback, both about the staff providing care, the service and any changes they would like.

● People received regular care reviews, and these were also an opportunity for people to provide feedback and be updated about what was happening at the service.

● There were regular staff meetings where staff were informed about changes at the service and reminded of their roles and responsibilities. There were regular reminders to staff about using PPE when supporting people with personal care.

● There were action plans developed from the annual surveys to address the issues raised. As a result of the last survey further opportunities for training had been introduced. This included distance learning courses which staff could choose to complete.

● The deputy manager had introduced 'Employee of the month' and this was awarded to a staff member who had gone above and beyond their role and was a good role model to other staff.

Working in partnership with others

● The deputy manager worked with other organisations to continually improve services for people. They attended provider forums, where information was shared to support joint working with other services and providers.

● The deputy manager and staff worked in partnership with other services, for example people's GP's, district nurses and social workers.

● The deputy manager and staff regularly attended meetings with the local authority and continuing healthcare to improve support for people and maintain relationships.

● One professional who supported people who used the service told us that Nurse Plus Eastbourne had been successful in providing support where other services had not been able to. They had also been able to reduce the number of incidences by getting to know people and using different strategies, when the first ones don't work.