

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

About the service

Nurseplus UK is a domiciliary care agency providing care to people in their homes. On the day of the inspection the service was supporting 21 people with personal care, one of whom was in hospital at the time of the inspection.

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.

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

Nurseplus UK did not have a registered manager. The previous manager had left in April 2022. The service was currently being managed by an interim manager who previously covered as manager at another service owned by the provider. This manager had only worked at the service for a few days prior to the inspection and in this short time they had already implemented a number of improvements. They had also taken the time to telephone care staff to introduce themselves to ensure staff were aware of the change and felt supported.

People's needs had been assessed before they started to receive care from Nurseplus UK. Care needs were reviewed and updated when any changes occurred. Risk assessments had been completed to alert staff of any specific risk relating to a person's health or the environment they lived in.

People and relatives told us care staff were kind and caring. People felt supported and many told us they looked forward to the visits. People had the opportunity to feedback their views. A survey had recently been completed and people told us they received calls from the office to check that they were happy with everything. When issues occurred, people told us they contacted the office and these were addressed.

Medicines policies and procedures were in place. Staff received training and medicines were audited regularly to identify any errors. People told us they received their medicines safely.

There were robust recruitment processes in place and staff recruitment was ongoing. The provider had employed recruitment consultants to aid successful recruitment. New staff received an induction, this included a two-day training course which covered all mandatory training. Further training opportunities were available for staff if needed, for example further diabetes training was being introduced. Staff told us the training was good.

Staff were supported and given the opportunity to share their views. Staff received regular one to one supervision and staff meetings had taken place. The manager was aware that many of the staff had worked through the pandemic. They were looking at small ways to reward and thank staff for all their hard work over previous months to ensure staff felt appreciated.

Staff received infection control training and were kept updated of the current government guidance in relation to COVID-19 and the use of Personal Protective Equipment (PPE). The office had adequate supplies of PPE which staff could collect from the office when needed.

There were enough staff to meet people's needs at the time of the inspection. The manager told us people's needs were assessed to ensure adequate staff numbers were in place before a care package was accepted. People told us they liked to have the same care staff visit them whenever possible.

People's nutrition was supported. Some people received assistance from staff with meal preparation. Information was recorded for staff around people's choices and preferences.

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.

Quality assurance systems were in place. This included a range of audits, checks and reviews to ensure the provider and manager had good oversight of the service. The manager was open and transparent and had identified areas they wished to improve and develop as the service moved forward. There was clear evidence to demonstrate that learning was taken forward to continually improve the service.

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection to provide a first rating for this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Details are in our safe findings below.

Is the service effective?

Good ●

Details are in our effective findings below.

Is the service caring?

Good ●

Details are in our caring findings below.

Is the service responsive?

Good ●

Details are in our responsive findings below.

Is the service well-led?

Good ●

Details are in our well-Led findings below.

Nurseplus UK

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The service was currently being managed by an interim manager who previously covered as manager at another service owned by the provider. This manager had only worked at the service for a few days prior to the inspection and would be commencing their application to register as manager with CQC shortly. This person will be referred to as 'the manager' throughout the report.

Notice of inspection

This inspection was announced.

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

Inspection activity started on 23 May 2022 and ended on 1 June 2022. We visited the location's office on 26 May 2022.

What we did before the inspection

We contacted seven people who used the service and a further seven relatives by telephone to gain their feedback. We also contacted the nominated individual, manager and care staff. We requested a variety of documentation to review as part of our ongoing monitoring of the service. We reviewed statutory notifications sent to us by the service about events that had occurred. A notification is information about important events which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to the manager and senior coordinator and were able to observe office staff responding to telephone calls and carrying out their daily duties. We looked at documentation in place to support the day to day running of the service, including two staff recruitment files, staff training records, daily care logs, medicine records, accidents, incidents and quality assurance. We also looked at four people's care plans. Following the inspection, we continued to review information provided by the manager and gained feedback from professionals involved with the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People had detailed assessments completed before Nurseplus UK began to provide support. This meant that risks had been identified and associated risk assessments were completed to inform staff and to keep people and staff safe. This included falls, choking, self-neglect, pets and any further risk of deterioration to health and safety due to ongoing health care needs.
- People told us they felt safe when care was being provided. One person told us, "I feel safe with the carers. The way they talk a lot, ask how I'm feeling. They also help [partners name]." Relatives said, "[relatives name] can trust them, and, "I know he's in safe hands"
- Systems and processes were in place to protect people from abuse. Staff completed safeguarding training and demonstrated a good understanding of safeguarding. Staff could report concerns directly to office staff or the manager. The manager was aware of how and when to report any concerns to the local authority and other agencies if required.
- The manager had oversight of any safeguarding concerns raised and reviewed these monthly to identify any learning to be taken forward.

Staffing and recruitment

- Staffing numbers were adequate to meet people's needs. The manager told us the provider ensured enough staff were available before a new package of care was taken on. The coordinators tried to provide visits at the times people requested, but on occasion this was not possible. For example, when there was last minute staff sickness or a delay when a person was unwell.
- A number of staff did not drive and walked between visits. Staff told us that visits were arranged in geographical areas as much as possible to reduce travel time.
- People were generally happy with their visits and told us "Staff are reliable," and "Timings are ok." However, two people fed back that they felt staff did not get enough time for travel between visits. One said, "I just accept that they will arrive at some point and say 'oh you're here then!'"
- There were clear recruitment process in place. This included completion of relevant checks before people began to work at the service. Including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had employed recruitment consultants to support ongoing recruitment. We observed new applicants come into the office during the inspection and witnessed clear discussions with people regarding appropriate identification and references.

Using medicines safely

- There were systems in place to ensure people received their medicines safely and in accordance with their prescription. A relative told us, "Carers administer the medication and the office will contact me to pick up further supplies from the pharmacy."
- Peoples medicine needs were included within their care plans and the daily routine instructions for staff to follow at each visit. For example, one person was at risk of choking on their medication. Guidance was provided for staff to ensure they were aware how to administer medicines safely for this person.
- Staff documented when medicines had been given and these log books were audited regularly when returned to the office to ensure there were no errors. Any issues would be investigated, and actions taken if required.
- Staff received training and had their competencies assessed. Medicines policies and procedures were available for staff to advise and ensure medicines were managed safely.

Preventing and controlling infection

- Policies and procedures were in place regarding infection prevention control (IPC). Further measures had been introduced in response to the COVID-19 pandemic.
- Staff had received IPC and COVID-19 specific training and had access to required PPE. PPE was available in the office for staff to collect when needed. People told us staff wore PPE when they visited their home. One told us, "The carer is on time, and wears gloves, masks and apron."
- People had COVID-19 risk assessments completed within their care records to identify any specific risks.
- The provider was accessing testing for staff and testing was being completed in accordance with the latest government guidance.

Learning lessons when things go wrong

- Nurseplus had systems and processes in place to assess and review care and documentation. When an issue arose, for example a concern was raised or an incident occurred, these were investigated, actions taken and any learning taken forward. The manager told us, "We work hard to get it right, but if we don't, we review and learn to improve moving forward." Staff said, "As a branch we are always learning something together."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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;
Supporting people to live healthier lives, access healthcare services and support

- A full assessment was completed before a new care package was accepted. This was to ensure that the persons required number of visits could be met and staff were appropriately trained to meet the person's needs.
- Health professionals who worked with the service to meet peoples' support needs told us, "They consider the skill sets and attributes of the staff to match the needs and preferences of the clients as well as ensuring the staff have the experience and skills to manage the complexity of some of the dynamics within the clients relationships."
- Care coordinators met with people prior to care being provided. This included visits to their home or hospital to assess their needs before they were discharged home.
- Staff had access to care records and information to inform them of peoples care needs. Daily routines were recorded for all tasks to be completed at each visit. Staff told us they read the daily log for previous visits and any relevant information or changes were handed over to them by the office staff to ensure they were up to date with people's current needs.
- People were supported to live healthier lives. The manager and staff worked closely with GP's, community nurses and other professionals involved in peoples care and support. A relative told us, "The carers picked up that [persons name] had a urine infection and needed a GP appointment."
- Further support for people was sought, this included referring people to the local fire service to receive a free fire safety check in their own home to improve their safety. And requesting a new wireless doorbell installed by East Sussex County Council sensory team for a person who was hearing impaired. This provided a visual, audible and flashing light from a portable box so that the person was alerted when they were home alone.

Staff support: induction, training, skills and experience

- Staff received an induction and in-house training. Although some training had been online, Nurseplus UK employed a trainer to provide face to face training. We saw that a training day was taking place at the office during the inspection.
- Staff were required to complete a two day training course. This included mandatory training and some further specific health need training including diabetes awareness. The manager told us that a further diabetes e-learning programme was being implemented for care staff providing support to people living with diabetes.
- Staff told us, "I Love my job love what I do". And, "I love my job, and the clients I have. I do think we should get more thank you. As we do good job for our clients."

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

- People who required support with their meal preparation had this provided.
- Information was provided for staff regarding people's preferences and dietary requirements and any associated risks to ensure they had the information required to support people safely.
- Staff were provided with information around people's likes, dislikes and preferences. Staff advised people on healthy choices, whilst respecting people's choices.

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

- Nurseplus worked closely with other agencies to support people to receive good care. Including liaising with other health agencies when needed. One health professional told us, "Throughout outbreaks they experienced, they were open and honest, had a contingency plan in place to support both staff and clients and were open to any support from the market support team" and "Nurseplus have also shown commitment to working in partnership in terms of conducting joint visits with me to review care packages."
- Relatives shared that when their loved one had become unwell the carers had called an ambulance and stayed with the person until a relative arrived. They also kept the relative updated when they had any news.

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 MCA 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.

- The manager had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the process to follow should it be needed. No one currently receiving care required a DoLS at this time.
- A Mental capacity assessment was completed to assess people's capacity to make specific day to day decisions. People's capacity was considered throughout care assessments and documentation to ensure staff knew the level of support people required.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Respecting and promoting people's privacy, dignity and independence

- People felt staff were kind and considerate when providing care, promoting people's independence where possible and considering people's privacy and dignity. A relative told us, "They try and give him a bit of dignity and give him some time."
- Staff we spoke with were passionate about providing good care for people. Staff told us, people were treated as individuals to ensure equality and diversity was respected at all times.
- Guidance for staff included detailed information around how to involve people in daily care tasks, how people liked their care to be provided, what people liked to do for themselves and where further support might be needed. One person told us, "They ask if you're ok, and do you want help with something."
- People's daily care logs were completed by staff at the end of each visit. These were person centred and included information about people's mood, behaviour and how they had spent their day.

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

- Surveys were completed to gain feedback from people. Results had been analysed for the most recent survey sent out to people in February 2022 and an action plan had been implemented for areas identified as needing improvement. For example, communication between people and the office and ensuring updated information is shared with staff to remind them of the latest government requirements in relation to PPE. These actions were ongoing.
- Some people told us they preferred to have the same carers for every visit, and some staff also preferred to see the same people to support continuity and consistency in care. People told us, "My regular carer is incredibly good, she's marvellous" and "The carers are very nice, friendly and caring."
- We discussed rotas with the manager who explained they tried to ensure consistent carers provided support to people, however, this was not always possible due to staff working hours, holidays and sickness.
- Although all measures were taken to ensure people received their care in the way they chose, the manager and coordinators were aware it was important that a wider number of carers were given the opportunity to support people to ensure they knew and understood people's needs should emergency cover be required.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives if appropriate were involved in assessments and reviews of care needs. This ensured that people were active participants in how their care was provided.
- Information about people's lives, backgrounds and relationships that were important to them were recorded within care plans. Staff knew about people's life history, hobbies, previous employment and things that were important to them.
- People confirmed office staff liaised with social workers and relatives to see what care was required during the initial assessment and subsequent reviews. One relative told us, "The care package is reviewed on a regular basis by social services and someone from the office visits to discuss" and "The office visited before care started to discuss the package."
- Care was tailored to meet people's needs and choices. Care documentation was detailed and included specific guidance for staff around people's individual preferences. For example, one person preferred to eat the same meal most days as it was their favourite. However, staff were reminded to always ask the person what they would like to eat and to support healthy choices wherever possible.
- Care documentation identified people who were at risk of social isolation and loneliness. The manager and staff were aware some people did not have family or did not receive any visitors other than the care staff. Information regarding people's mental health was recorded and staff were aware to contact the office if they had any concerns. One relative told us, "[Persons name] loves them, and looks forward to seeing them."
- Relatives fed back to us that the office staff were very proactive at keeping them informed and updated. Including notifying them if their relative cancelled a call to make sure they were aware of the cancelled call as they may be required to provide the person with a meal.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs were assessed and reviewed. Information was updated in care records to ensure that staff had access to up to date information about people's communication needs.
- Care records included information about any specific communication needs, including whether people

were sight or hearing impaired and how staff should best communicate with them. For example, informing staff to use short clear sentences when speaking with people or when easy read documentation was required.

- Staff told us they worked hard to build positive relationships with people and this in turn improved trust and communication.
- Relatives told us, "It works very well now the same carer comes every week. She is good at engaging with [relative's name], who has dementia. Previous carers, perhaps not as experienced, were not as good as dealing with them. It's better for [relative] to see the same carer."

Improving care quality in response to complaints or concerns

- Nurseplus UK had a complaints policy in place. Any complaints or concerns received were responded to and investigated. We saw information relating to a previous complaint and saw evidence this had been investigated fully and actions taken to take learning forward.
- Not all concerns received were formal complaints, however, these were still investigated and responded to promptly. For example, relatives had contacted the office to say care staff had not tidied up properly following a person being assisted with their care. The relative had received an apology and informed that Nurseplus would look at which carer had visited and carry out a supervision that day.
- People we spoke with and their relatives told us if they had any concerns, they would contact the office. People were confident issues would be responded to and addressed promptly. One told us, "I did raise a couple of minor concerns with the office, they were addressed" and a relative said, "I did have an issue with one of the other carers who called a few times, I raised my concern with the office and this has been addressed."

End of life care and support

- One person using the service at the time of the inspection was receiving end of life care. However, this person was only on a short-term contract whilst their care needs were being reviewed.
- The manager confirmed people's end of life care would be discussed and planned should this be required.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People were treated as individuals and empowered to live life as independently as possible in the way they chose.
- Feedback from people and staff was mostly positive. Staff told us they enjoyed their role and liked working for Nurseplus, a couple of staff told us they would like communication to be better.
- The manager told us they were working to improve communication overall with people and staff. Improvements included the introduction of an electronic system. This new system would enable care plans to be updated instantly. Staff will access the system via an App on their phones which will be password protected. Staff will then have instant access to care documentation, tasks and up to date medicine records. This will mean changes can be communicated promptly.
- Visit information will be available for staff. The manager and coordinators will be able to monitor times care staff arrive and depart visits as they will be required to log in when they visit a person's home. This will enable visit times and travel to be calculated accurately.
- Visits which are time critical, for example for a medicine that must be taken at a specific time will not be able to be moved.
- A newsletter for staff had been introduced to keep staff updated to share news and thank staff for their hard work. The manager was also looking at further rewards and incentives for staff including a goody bag to say thank you for all their hard work over recent months. A newsletter for people using the service was due to be introduced in the near future.
- Although staff told us they were happy working for Nurseplus, a couple felt that communication could be improved when changes to rotas were needed. The new manager was aware of this and was working hard to implement changes. This included a new electronic care system being implemented shortly after the inspection.

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 provider was aware of their responsibilities under the duty of candour. The duty of candour is a regulation that all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

regulatory requirements; Continuous learning and improving care

- A quality assurance system was in place to continually review, monitor and assess the level of care and support provided. There were further improvements planned to improve the service.
- Audits completed were reviewed and any identified actions taken forward. The manager had implemented robust systems to audit and analyse incidents and accidents, complaints and safeguarding. These systems provided clear oversight, improvements were identified, and changes implemented promptly.
- There was currently no registered manager at Nurseplus UK. The nominated individual confirmed after the inspection that the manager will be starting the registration process with CQC shortly.
- In the short time the manager had been working at this location, they had made contact with staff by telephone to introduce themselves. The manager told us, "I want to reassure staff that they are supported. It is always difficult when a new manager comes in, but I want them to know they can come to speak to me if they have any issues and feel supported."
- Staff received regular supervision and a programme of staff meetings was scheduled.
- Staff told us, "As a branch we are always learning something together, We are just about to move over to the care app it's new to us so we will be working together to make sure that the care we provide still remains the same. I have over 20 years experience and I love being a carer because I know I bring a smile or laughter to someone's day."

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

- Staff told us, "Communication is always good with the office, I'm always phoning them if I'm not sure about something, there was a time when I called them and they stayed on the line with me while I was dealing with a service user. They keep you up to date with most things."
- Although people told us they were happy with the care provided, a number did say that they did not always receive the rota in a timely manner. The manager told us the new electronic system being implemented would enable rotas to be emailed and for any changes to be communicated promptly. This would improve overall communication and ensure people were aware who they should expect to visit them. When last minute changes occurred due to sickness for example, office staff would continue to notify people as soon as possible.

Working in partnership with others

- Nurseplus UK worked closely with people, relatives and other professionals involved in people's care and support needs. Including social workers, GP's, local authority brokerage specialist teams.