

## Nurse Plus and Carer Plus (UK) Limited

# Nurseplus UK

### Inspection report

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14 July 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Nurseplus UK is a domiciliary care agency provide care to people in their own home. 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, eight people were using the service.

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

Improvements had been made at the service since our last inspection. Medicines were managed safely; an electronic system had been introduced which alerted the manager when medicines were not administered for any reason so this could be reviewed and acted upon immediately. Call times were arranged so medicines could be administered as prescribed.

We made a recommendation at our last inspection about staff travel to visits and staying the agreed times. We found this had improved and there were sufficient numbers of suitable staff to support people to stay safe and meet their needs. One relative said, "We have had the same staff continuity and it's consistently good."

Relatives told us people felt safe and knew staff well. One relative said, "[staff member] completely put [person] at ease, I can rest when they are here knowing [person] is well looked after."

Staff knew how to safeguard people from abuse.

People were protected by the prevention and control of infection. Lessons were learned when things went wrong.

People spoke positively about the management of the service. The management was open and honest throughout the inspection and had a clear understanding of the duty of candour.

Quality performance was managed. People, relatives and staff were engaged in the management of the service and feedback was continuously sought to learn and improve care. The service worked in partnership with other agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 September 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We made recommendations about staffing and quality assurance systems within the service. At this inspection we found improvements had been made and the provider was no longer in breach of regulations and our recommendations had been acted upon.

### Why we inspected

This inspection was prompted by a review of the information we held about 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** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Nurseplus UK

## Detailed findings

### Background to this inspection

#### Inspection team

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

The inspection was carried out by two inspectors 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 a registered manager in post.

#### Notice of inspection

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

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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

Inspection activity started on 14 July 2022 and ended on 18 July 2022. We visited the location's office on 14 July 2022.

We spoke with three relatives of people who used the service about their experience of the care provided. We spoke with eight members of staff including the regional director, registered manager, field care supervisor and care workers. We spoke with healthcare professionals about their experiences of the service. We reviewed a range of records. This included four people's care records and two medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure medicine management systems were effective to ensure the safe administration of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. Care calls were planned to fit in line with the times medicines were prescribed.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- The service had introduced an electronic medicine administration system. This meant the service could make adjustments immediately following medical advice to ensure prescribers instructions were accurately reflected.
- Staff signed electronic medicine administration records to confirm when medicine was administered. Any late or missed medicines sent an alert to the office so this could be investigated straight away.
- Medicines were checked in people's homes during regular spot checks to ensure they were correct.
- People had body maps and clear instructions telling staff where prescribed creams were to be applied. Staff had signed to confirm the topical medicine had been applied.
- Staff received training and had their competency checked regularly.

### Systems and processes to safeguard people from the risk from abuse

- Relatives told us people felt safe. One relative said, "Yes they provide a very safe service the staff are just so capable and caring."
- Staff knew how to recognise signs and symptoms of abuse and harm; they were confident that if they reported concerns, they would be dealt with. They also knew who to report to outside of the service.
- The registered manager understood how and when to raise safeguarding concerns with the local authority.

### Assessing risk, safety monitoring and management, Learning lessons when things go wrong

- People were assessed for risk of harm. Risk assessments were detailed and linked to care plans and care protocols to ensure staff delivered care in line with the actions identified to mitigate risk of harm.

- Staff told us they were given enough information about people's risks. One staff member said, "I am given enough information about people's risks and how to keep them safe when undertaking my duties."
- The service had a contingency plan in event of circumstances that affected the safe running of the service, such as adverse weather or staff sickness.
- There was a system in place for recording, reviewing and analysing accidents and incidents. This meant any emerging themes or trends could be identified and lessons learned.

### Staffing and recruitment

We made a recommendation about staff travel time and duration of visits at our last inspection. At this inspection we found that improvements had been made.

- There were enough suitably trained staff to provide people's care. One relative told us, "We feel very happy about the care received because we have the same person." Another relative said, "I think they are very well trained because they seem to know what to do and how to do it."
- The service had a recruitment process and checks were in place. These demonstrated that staff had the required skills, knowledge and character needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff had enough travel time in between care call. The service had an electronic computer system staff needed to log in and out from at each home visit. This alerted the office if calls were late avoiding the risk of missed calls and meant the office could monitor staff stayed for the entire call time and had enough time to travel to the next person.

### Preventing and controlling infection

- All the relatives we spoke with said care workers always wore clean personal protective equipment (PPE) and washed their hands regularly. One relative said, "They wear gloves, aprons and masks."
- Staff confirmed PPE was provided and was readily available for them to collect from the office. One staff member said, "Good infection control to me involves wearing full PPE, regular hand washing, and disposing of all waste in the designated bins. It involves good hygiene practice of keeping surfaces clean and disinfected."
- Staff had training in infection prevention and control, and this was updated regularly.



# 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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

We made a recommendation about the quality assurance systems at our last inspection. At this inspection we found that improvements had been made.

- Quality assurance processes were in operation. These included regular audits by a quality assurance team of various aspects of care such as health and safety, with action on any issues identified. There were spot checks to ensure staff were working in line with the provider's policies and values.
- The registered manager, office staff and care staff understood their roles and responsibilities. The registered manager was supported well by the provider.
- The registered manager had met legal requirements such as notifying CQC of significant incidents and events
- The service had recently transitioned to an electronic computer system which provided instant alerts to the office for their review in the case of any accidents or incidents, including late calls or medicines. This meant concerns could be dealt with and mitigated immediately.
- The registered manager completed monthly audits to identify any themes or trends.

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

- Relatives spoke positively about the management team stating the service was consistently good. Comments from relatives included: "[Registered manager] is always at the end of the phone or email and immediately responds", "They are consistent" and, "Its consistently good."
- Staff felt valued and empowered in their roles to consistently provided good quality person-centred care. Comment's included: "I feel valued and well respected", "The team is supportive, I feel compelled to excel" and, "I feel appreciated."
- The registered manager was open and honest throughout the inspection and understood the requirements of the duty of candour, in the event they needed to exercise this. This is a registered person's duty to be open and honest about accidents or incidents that cause or place a person at risk of harm.

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

- Relatives told us they were happy with the communication from the service. One relative said, "We are extremely happy with the service and can't think of anything we would change."
- The service understood people's equality characteristics and supported staff where needs had been identified. One staff member said, "They have been so supportive when I have needed to take time off and have never made me feel bad in any way."
- People and relatives had opportunities to express their views about the service, this was used to highlight good practice and improve the quality of the service. This happened through care reviews, telephone calls from senior staff to check their satisfaction with the service, feedback during or after staff spot checks, and periodic quality assurance questionnaires.
- The service worked in partnership with others to help ensure the best possible outcomes for people. This included maintaining good working relationships with health and social care professionals and with commissioners.