

Nurse Plus and Carer Plus (UK) Limited

Nurseplus UK

Inspection report

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04 November 2021

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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 service providing personal care to people in their own homes. Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating. Where people receive personal care we also consider any wider social care provided. At the time of the inspection the service was supporting a total of four people, but only two people received support with personal care.

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

People told us they felt safe using the service. Systems were in place to protect people from the risk of harm or abuse. Where people needed support with medicines, access to healthcare and to eat and drink, this was managed well.

People and their representatives told us the service had managed the COVID-19 pandemic well, however screening measures of visitors needed to improve to ensure office staff were protected from the risk of catching and spreading infection.

We have made a recommendation about working safely in domiciliary care.

People using the service had specific care packages with a dedicated staff team. This ensured they received a consistent and reliable service. The recruitment and selection process ensured the right staff were matched to people's preferences and personality. Staff were provided with the training they needed to carry out their roles, but required additional training to meet people's specific needs, including people living with a brain injury.

We have made recommendation about staff training.

People were treated with dignity, respect and kindness. Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote their independence. 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.

Although no one using the service required end of life care at the time of this inspection, systems were in place to ensure people received the right support to have a comfortable, dignified and pain-free death.

People and their representatives spoke positively about the management of the service. Staff intuitively provided care in line with the values of the company. Staff described Nurseplus UK as a good company to work for, with good teamwork, good team morale and a transparent culture.

The registered manager told us they regularly reviewed the quality of the service via audits and

conversations with people, their representatives and staff to assess what was working well, and what needed to improve. The registered manager worked in partnership with other health professionals, family members, advocates and case managers to ensure people received joined up care and support.

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 23 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our effective findings below.

Good ●

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

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

Inspection activity started on 18 October 2021 and ended on 04 November 2021. We visited the office location on 1 November 2021.

What we did before the inspection

We reviewed information we had received about the service since being registered in July 2020. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and their family representative. We also spoke with a case manager acting as representative for a person using the service about their experience of the care provided. We spoke with the registered manager and four members of staff including two office based care managers and two support workers. We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment, spot checks and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- People and their representatives told us the service had managed the COVID-19 pandemic safely. One person told us, "Staff managed well, they were good at washing their hands and good at keeping the environment clean, such as wiping all touch points frequently."
- Staff had received infection control training including specific training in the management of COVID-19 risks.
- Staff confirmed they had been provided with the appropriate personal protective equipment [PPE] and stringent checks were in place to ensure these were used effectively and safely. One member of staff told us, "We had really good support during COVID-19, we had access to all the PPE we needed, we were never short, Nurseplus UK were very supportive."
- The provider had updated their infection prevention and control policy detailing the safety measures in place to minimise the risk of infection and ensure infection outbreaks were managed effectively. However, the COVID-19 risk assessment for protecting office staff did not include measures for screening visitors for symptoms of COVID-19 to minimise the risk of spreading infection.

We recommend the provider consider current guidance on COVID-19 to protect staff in the workplace from potential COVID-19 infection.

Systems and processes to safeguard people from the risk of abuse

- People and their representatives told us they had no concerns about safety.
- Staff had a good understanding of safeguarding processes to keep people safe and how to report concerns.
- Systems were in place to protect people from the risk of harm or abuse. There had been no safeguarding concerns raised since the service was registered in July 2020, however the registered manager was aware of their responsibility to raise safeguarding concerns and liaise with the local authority.

Assessing risk, safety monitoring and management

- Risks to people were assessed, regularly reviewed and managed well to ensure their safety.
- Risk assessments were personalised to people's specific needs. These identified the support they needed from staff and what they were able to do for themselves to maintain their independence, whilst minimising risks to their safety.
- Staff told us, and records confirmed they had received up to date training in safety systems, including manual handling, fire safety and emergency first aid.
- Periodic 'spot checks' were carried out by care managers to assess staff practice and ensure they were

working safely. Staff commented, "The care managers do spot checks on us, they come at different times to assess us to ensure we are providing the right care and administering medicines properly."

Staffing and recruitment

- People using the service had specific care packages with a dedicated staff team which ensured they received a consistent and reliable service. One person told us, "I have no issues with the staff, they are always on time and stay for the right amount of time. I have two staff and their hours cross over, if they are going to be late for some reason, they let me know well in advance."
- Staff confirmed there was enough staff employed to meet the needs of the people they supported. One member of staff told us, "No issues with staffing, there is very little sickness, we work flexibly to cover, we have a good team. Occasionally there are changes in the team, but we do try to stick to the same team for consistency."
- The recruitment and selection process ensured staff recruited had the right skills and experience and were suitable to work with people who used the service.
- The registered manager told us staff were recruited specifically for each person using the service. This ensured they had the correct staffing levels at the start of the care package and the right staff were matched to the person's preferences and personality.

Using medicines safely

- People and their representatives were confident they received their medicines when they needed them. One representative commented, "I don't have issues with the staff regarding medicines, they know [Person's] medicines and are very astute when administering them."
- Systems were in place, including regular audits to ensure people's medicines were managed consistently and safely.
- Staff confirmed they had completed medicines management training and had their competency assessed on a regular basis by senior staff. One member of staff commented, "I have regular competency checks and spot checks as well as annual medication training refresher. I feel the training provided gives me the skills and confidence to administer people's medicines."

Learning lessons when things go wrong

- The service has been operational for 15 months. The registered manager confirmed there had been no concerns or complaints received about the service in this time.
- Staff understand their responsibilities to raise concerns and report incidents and near misses; and told us they felt fully supported to do so.
- The registered manager told us they regularly reviewed the quality of the service via audits and conversations with people, their representatives and staff to assess what was working well, and what needed to improve.

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.

Staff support: induction, training, skills and experience

- People, and their representatives told us staff were competent when supporting people with their personal care needs but were less confident, they had received training to manage specific health conditions.
- Staff told us they were required to complete a range of training prior to commencing work and attend regular updates. However, the schedule of training did not include specific training to support people living with a brain injury, or how to support stoma or tracheostomy care. Staff confirmed they had not completed this training.
- The registered manager told us staff had not been provided with training around stoma and tracheostomy as they were not directly involved in this aspect of people's care. Although staff were not directly responsible, they needed to understand these medical procedures to identify any complications. The registered manager acknowledged the need for staff to have this level of training. They told us training regarding brain injury had previously been identified but had been delayed due to COVID-19.

We recommend the provider finds out more about training for staff, based on current best practice, in relation to the specific needs of people using the service.

- Staff confirmed they had received an induction when starting their employment which provided them with the knowledge and skills they needed carry out their role. This included meeting the person they were employed to support, a two-day induction into the company and completion of all mandatory training. One member of staff told us, "I have done lots of training, mainly online during COVID-19, but I don't feel that I missed out, I felt fully equipped to do the job."
- Staff had completed the Care Certificate where they were new to care. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff.

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

- People's care and support was planned and delivered in line with current guidance, standards, best practice and legislation. This was demonstrated in a review of care records and discussions with people, their representatives and staff.
- Before the service accepted a person's care package, a thorough assessment of their needs was completed with all parties involved in the individual's care to ensure the service was able to meet their specific needs and expected outcomes.
- People's protected characteristics had been assessed as part of their initial assessment, including their cultural and religious support needs. This ensured staff had the information they needed to ensure they

supported people according to their preferences and beliefs.

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

- People using the service were supported to manage their dietary needs or had relatives to support them with their meals.
- Where people needed support to eat and drink, they and their representatives were complimentary about the support staff provided. One representative commented, "The staff are good they do try to encourage [Person] to eat well and promote different choices."
- Staff knew people's specific dietary needs and the support they needed to have a healthy balanced diet. One member of staff commented, "[Person] is supported to make own choices, they have a list of their favourite meals from which we offer at least two to three choices daily to help them decide what they want to eat."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support: Staff worked well with other professionals to ensure people had access to healthcare services.

- People and their representatives told us healthcare needs were well managed. One representative told us, "Staff have been very good at picking up health issues, they identified [Person] was unwell and sought emergency healthcare."
- The registered manager told us where needed referrals were made to relevant health professionals including speech and language (SALT) team, district nurses, and occupational therapists. One representative told us, "Staff are good at monitoring [Person's] health and work well with district nurses and continence nurse to manage their continence needs."

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.

- People's care needs assessments identified if they had capacity to make decisions about their care. Where people had been deemed not to have capacity to make important decisions, relevant people such as their court of protection deputy had been involved to agree the level of care required, and ensure it was in their best interests.
- Staff had a good understanding of MCA principles and understood what they needed to do to make sure decisions were taken in people's best interests and ensure the right people were involved. One member of staff commented, "[Person] has limited capacity, but can make day to day choices. Bigger decisions about health, welfare and finance are discussed with their case manager and advocate to ensure any decisions are made in their best interests."

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

- People and their representatives told us staff treated them with kindness and respect and were happy with the care and support they received. One representative commented, "The staff that support [Person] provide good care, their care needs are intense, I appreciate this can be draining for the staff, but they do go the extra mile."
- The registered manager told us as part of the initial assessment process people's preferences around their care needs were identified and acted on. This included respecting peoples' preference for a carer of a certain gender or certain ethnicity for religious reasons. These preferences were factored into the recruitment process to ensure the right staff were recruited.
- Staff had good insight into people's needs. They were able to describe in detail the support people needed to enable them to live their lives well and respond to their changing needs.

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

- People told us they were able to express their views and be involved in making decisions about their care. One person told us, "I had an initial assessment and have a care plan. I was very clear about my care needs, and how my care is to be provided. Staff ask me about my preferences and make sure I am happy with how they are providing my care."
- Staff understood the importance of involving people in their care. One member of staff commented, "[Person] can make day to day choices, and I respect those decisions, if they say no, I respect that. However, if they refused to eat, or bathe I would wait and ask again later, if they consistently refused, I would raise this as a concern with their case manager."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity, respect and kindness. One person told us, "Having familiar staff who understood my needs and I get along with means I get consistent care. The staff respect my privacy and dignity, they have a good understanding of my needs and are thoughtful, they think about what they are doing, I do trust them."
- Staff told us they had enough time to provide people's care and develop trusting relationships with the person and their families. One member of staff commented, "It's good being allocated to one person as I have got to know their needs and built their trust."
- Staff understood their responsibilities to respect people's right to privacy. Comments included, "I always make sure doors are closed and [Person] is covered when providing their personal care."

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

- Peoples care records reflected they had been involved in planning their care. This included the support they needed to manage their physical, mental and emotional needs.
- Where people had not been able to make these decisions themselves, relevant people of authority, namely family members, and those with power of attorney had been involved.
- The registered manager told us they had systems in place including regular spot checks to make sure people were happy with the care they received or if changes were needed. This included a review of the person's care plan to ensure this accurately reflected their needs, wishes and social interests.
- Staff knew people's needs well and responded promptly where changes in their circumstances were identified. One member of staff told us, "[Person's] care plans are online. They are easy to access and any changes in their care needs are updated online and in real time, so they are always up to date."

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.

- People's communication needs had been considered during their initial assessment and documented in their care plans. These detailed how each person communicated, and any aids used to assist communication.
- Staff knew people's communication needs well. One member of staff commented, "[Person] can communicate in different ways, using facial expressions as well as speech, some days are better than others, they tend to be better verbally in the afternoons."

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's hobbies and interests were assessed as part of their initial assessment and consistently reviewed to ensure these remained relevant.
- Staff knew people's interests and supported them to access the community. One member of staff told us, "[Person] loves going out they go out all the time, shopping, to the cinema, out for lunch and visiting local historic houses and gardens to watch the wildlife."

Improving care quality in response to complaints or concerns

- The registered manager confirmed no complaints had been raised about the service since it was

registered in July 2020.

- Systems were in place to respond to and investigate any complaints. The registered manager told us any complaints would be investigated and the outcomes would be used to improve the quality of the service.
- People, and their representatives told us they knew how to complain but had not needed to. One person told us, "I Just tell the staff directly if somethings not right, it's easier to deal with issues at the time, they listen and act on what I say."

End of life care and support

- No one using the service required end of life care at the time of this inspection.
- The registered manager told us they had previously provided support to a person who required end of life care. They described the systems in place to ensure people received the right support to have a comfortable, dignified and pain-free death. This included obtaining relevant support from professionals, such as Macmillan nurses, district nurses and GP's to ensure the person had access to pain relief or extra care.

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

- The provider's statement of purpose and staff handbook sets out the aims and objectives of the service so staff know what was expected of them. These included, but were not limited to, staff working together at all levels of the company to ensure people received the highest level of care.
- Staff could not list the aims and objectives but were intuitively providing care in line with the values of the company. One member of staff commented, "My role is to give the best care people deserve, we all work to the same goals to ensure people get the best care and to achieve their best possible life."
- Staff told us the agency was a good company to work for, they described good teamwork, good team morale and a transparent culture. Comments included, "Very good, it's a really good company, managers are very supportive," and "I would say morale is very good, the managers listen and make changes where needed."

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

- People and their representatives spoke positively about the management of the service. One person told us, "[Registered manager], can't fault, can't recommend them highly enough, they have done what they promised. The registered manager, care managers based in the office and staff have all been really good, I only have to explain, they know what I want, and how I want it."
- Staff understand their role and responsibilities and had confidence in the registered manager and care managers. One member of staff told us, "This is one of the best companies I have worked for, [registered manager] is brilliant, they are so approachable, always there never too busy to deal with issues, I can go to them with anything and do. I'm totally comfortable talking to them and they keep things confidential."
- Systems were in place to monitor the quality and safety of the service. These included monthly analysis of complaints, safeguarding, medicines, missed visits, incidents and accidents.
- The providers quality assurance team carried out periodic audits of the service. The most recent audit completed in August 2021 reflected improvements had been made to the quality of recruitment processes since the previous audit in March 2021.
- The registered manager used resources available within the company, government websites and CQC website to keep up to date with current guidance. They told us the service was still small but planned to take on more care packages gradually in the future to grow the business.

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

characteristics

- The registered manager engaged regularly with people, their representatives and staff to request feedback about the service. Regular telephone calls, spot checks and client reviews were held to assess the quality of the service provided and to ensure peoples' views were considered.
- Surveys in normal circumstances were sent out yearly by the quality assurance team at the provider's head office. The registered manager told us there had been a delay last year due to COVID-19 but had undertaken localised surveys which had received positive feedback.
- Staff confirmed they received regular supervision, including spot checks to ensure they were following people's planned care. One member of staff told us, "I have supervision on a regular basis, to discuss I'm still okay to support the persons care package, identify concerns and my learning and development opportunities
- Staff told us they attended regular staff meetings and were able to make suggestions about the service. One staff commented, "Team meetings are bi-monthly, I feel kept up to date, meetings are open, and we can discuss issues and our suggestions and ideas are always listened to and taken on board."

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; working in partnership with others;

- The registered manager understood their responsibility to be open and transparent about events that happened in the service. Although there had been no safeguarding incidents or complaints, the registered manager told us they saw such incidents as an opportunity to engage with people and their representatives to make improvements to the service.
- The provider worked in partnership with other health professionals, family members, advocates and case managers to ensure people received joined up care and support. One representative commented, "We monitor [Person's] care package very closely. Communication with the registered manager is very good, they are very efficient. I know I can go to them with issues, and they will react very quickly. I would recommend this service."