



*Making Social Care  
Better for People*

# inspection report

## **NURSES AGENCY**

**Nurse Plus and Carer Plus (UK) Ltd (NA)**

**65 High Street  
Ashford  
Kent  
TN24 8SG**

*Lead Inspector*  
**Justine Williams**

*Key Unannounced Inspection*  
**17th March 2008      10:00**

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

<b>Reader Information</b>	
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Nurses Agencies*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Nurse Plus and Carer Plus (UK) Ltd (NA)
<b>Address</b>	65 High Street Ashford Kent TN24 8SG
<b>Telephone number</b>	01233 633350
<b>Fax number</b>	01233 632958
<b>Email address</b>	ashford@nurseplusuk.com
<b>Provider Web address</b>	www.nurseplusuk.com
<b>Name of registered provider(s)/company (if applicable)</b>	Nurse Plus and Carer Plus (UK) Ltd
<b>Name of registered manager (if applicable)</b>	Julia Kathryn Weedon
<b>Type of registration</b>	Nurses Agencies

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection** 18th May 2006

## Brief Description of the Service:

Nurse Plus (UK) Ltd is located in the south of England and is able to supply staff in Kent, Sussex, Hampshire, Wiltshire and Dorset. The branch is located in the Ashford branch on the ground floor of a building in a main shopping street in the town centre. There is no disabled access. Car parking is available in multi-storied car parks nearby.

Nurse Plus (UK) Ltd provides nursing services to NHS hospital Trusts, Mental Health, NHS Professionals, Private Individuals, Private Hospitals, Primary Care Trusts, Regional NHS agencies, Care Homes, Hospices and to people with a learning disability. Though currently the branch is supplying nursing staff to care homes only. Each Branch is individual in the range of services it supplies depending on the need of the local users.

At the time of the inspection, the fully inclusive (hourly) charges are: From £20.43 for day duties from Monday to Friday to £46.20 for a Public Holiday night.

# SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 star**. This means the people who use this service experience **good**, quality outcomes.

An unannounced inspection was carried out on 17<sup>th</sup> March 2008 between 10:00am and 1.00pm by Regulatory Inspector Justine Williams. The inspection was conducted at the agency's offices with the Registered Manager. This report contains assessments made from observations, conversations and records, case tracking and a tour of the premises. Feedback was given during and at the end of the inspection. The agency refers to people who use the service as Clients, and therefore this has been used throughout the report.

As part of the inspection process surveys were sent to clients and staff. They indicated good levels of satisfaction with the service the agency provides. Some specific comments made included:

"I have received adequate support so far"

"The agency supplies a good standard of staff who are polite, competent and smart in appearance"

"I have been very happy with Nurse Plus so far"

"the agency try to be consistent"

## What the service does well:

The agency is run by a competent manager supported by registered nurses. Prospective clients receive the information they need to make a positive decision to use the service.

The recruitment procedures continue to be robust, and staff receive the training and support they require, to provide a high standard of care to their clients.

The quality assurance systems in place ensure the high standards relating to all aspects of the running of the agency continue to be achieved.

## What has improved since the last inspection?

There were no requirements or recommendations at the last inspection.

### **What they could do better:**

No requirements or recommendations have been made at this inspection.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

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Statutory Requirements Identified During the Inspection

# Information

## The intended outcome for Standard 1 is:

1. Prospective service users have the information they need about the agency in order to make an informed decision on whether to engage its services.

## JUDGEMENT – we looked at the outcome for standard:

1  
Quality in this outcome area is **good**,

This judgement has been made using available evidence including a visit to this service.

Service users have access to up to date and comprehensive information about the agency.

## EVIDENCE:

The certificate of registration is prominently displayed.

The statement of purpose contains all the items required by regulation and is regularly updated.

The service users' guide contains all the information recommended and could be made available in large print, Braille, foreign languages or pictorial presentation should the needs arise.

## Registered Persons

### The intended outcome for Standard 2 is:

2. Service users are assured of the integrity of the agency and have confidence that it is run by a fit person or organisation.

### JUDGEMENT – we looked at the outcome for standard:

2  
Quality in this outcome area is **good**,

This judgement has been made using available evidence including a visit to this service.

The agency is managed by a competent person and well-established organisation.

### EVIDENCE:

The manager is not a registered nurse but has the support of a part time RGN to undertake the nurse specific duties. The manager undertakes periodic training to update her skills.

## Recruitment and Supply of Nurses

### The intended outcomes for Standards 3 - 6 are:

3. The process for recruitment and selection of nurses meets all the requirements of legislation and employment law including that related to equal opportunities and anti-discriminatory practice.
4. Service users are confident that nurses supplied by the agency will provide good quality care and will not jeopardise the safety of patients.
5. The agency has documentary evidence demonstrating the personal identification, registration, ongoing eligibility to be employed as a nurse, and relevant qualifications of each nurse to be supplied.
6. Nurses supplied by the agency are competent and trained to undertake the activities for which they are employed and responsible.

**The Commission considers Standards 3, 4 and 6 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

3,4,6

Quality in this outcome area is **good**,

This judgement has been made using available evidence including a visit to this service.

Clients are protected by the agency's robust recruitment policies and procedures.

### **EVIDENCE:**

The agency's recruitment process is in line with equal opportunities. The manager is supported by an RGN who undertakes the interviewing of trained nursing staff.

Recruitment files contained evidence of appropriate checks being carried out including CRB, POCA and POVA checks, 2 written references and proof of identity and training. Nurses are also required by the agency to supply information about their immunisation status.

New nurses undertake a formal induction, which is documented.

Clients of the agency said that the nurses supplied to them are competent and suitably trained to undertake the role expected of them. The agency does not currently have any private "homecare clients".

## Complaints and Protection

### The intended outcomes for Standards 7 - 11 are:

7. Service users are confident that their complaints will be listened to, taken seriously and acted upon.
8. Service users who are also patients are protected from abuse, where the agency is an employment business.
9. Service users who are patients are protected by the agency's procedures for assistance with medication, where the agency is an employment business.
10. Action is taken to protect confidentiality of information relating to service users who are also patients, their carers and advocates.
11. The health, safety and welfare of service users who are also patients, and of nurses, are promoted and protected, where the agency is an employment business.

**The Commission considers Standards 7, 8, 9 and 11 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7,8,9,11

Quality in this outcome area is **good**,

This judgement has been made using available evidence including a visit to this service.

Clients of the agency are confident their complaints would be dealt with appropriately. There are robust policies and procedures in place to protect clients.

### **EVIDENCE:**

The agency has not received any complaints in respect of trained nursing staff since the last inspection.

The manager is aware of the need to formally and thoroughly document all aspects of her investigation including keeping copies of correspondence, detailing the methods of investigation used and recording the outcome.

All staff receive adult protection training at induction and annually thereafter. The agency's policy complies with the Kent and Medway adult protection policy.

The agency does not have any clients who are looked after in their own homes. The agency has clear policies for handling of monies and property, discovery of an accident to a service user, and leaving and entering properties, all of which are contained within the staff handbook issues to all nursing staff.

The agency has a clear written policy in line with the NMC code of conduct for the administration of medication.

The manager ensures the health and safety of staff and service users as far as possible through the health and safety policies, and compliance with legislation.

The manager visits establishments periodically and risk assessments are undertaken then.

# Management and Administration

## The intended outcomes for Standards 12 – 18 are:

12. Approved accounting and financial procedures are adopted to ensure the effective and efficient running of the business and its continued financial viability.
13. There are designated premises suitably equipped for the purpose of the day to day operation and management of the service.
14. An appropriate management structure and clear lines of accountability are in place.
15. Nurses supplied by the agency know the standards of conduct expected of them and are aware of the agency's organisational policies, where the agency is an employment business.
16. There is a written agreement between the Agency and nurses.
17. Service users' and nurses' interests are safeguarded by the agency's record keeping policies and procedures.
18. The agency operates in the best interests of service users and of nurses supplied by it.

## The Commission considers Standards 15 and 18 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

15,18

Quality in this outcome area is **good**,

This judgement has been made using available evidence including a visit to this service.

Nurses employed by the agency are aware of the conduct expected of them and are aware of the agency's policies.

The agency has robust quality assurance processes in place.

### EVIDENCE:

The agency has clear policies which are included in the staff handbook which is issued to all nurses employed.

The handbook includes details of the conduct expected of nursing staff, their role and responsibilities, requirements regarding record keeping, as well as

training opportunities and requirements, practical guidance on adult and child protection, the disciplinary policy, etc.

The agency has quality assurance systems in place, which include annual satisfaction surveys, feedback forms and a monthly audit of documentation, all of which are combined to form a report.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Nurses Agencies have been met and uses the following scale.

**4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion  
 "N/A" in the standard met box denotes standard not applicable

<b>INFORMATION</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	3

<b>REGISTERED PERSON</b>	
<i>Standard No</i>	<i>Score</i>
<b>2</b>	3

<b>RECRUITMENT AND SUPPLY OF NURSES</b>	
<i>Standard No</i>	<i>Score</i>
<b>3</b>	3
<b>4</b>	3
<b>5</b>	X
<b>6</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<i>Standard No</i>	<i>Score</i>
<b>7</b>	3
<b>8</b>	3
<b>9</b>	3
<b>10</b>	X
<b>11</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>12</b>	X
<b>13</b>	X
<b>14</b>	X
<b>15</b>	3
<b>16</b>	X
<b>17</b>	X
<b>18</b>	3

no

Are there any outstanding requirements from the last inspection?

### **STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

### **RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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