

Mrs Lesley Wheeler

A PL+US Caring Service

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

A PL+US Caring is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 16 people using the service.

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

People and their family members were positive about the staff and management of the service.

Governance systems were in place to monitor and maintain the service. However, recording and information systems were not always organised in a way to ensure the effective oversight of the service.

We have made a recommendation the provider consider best practice guidance in managing records and information.

Staff told us they felt supported by the management team and all worked well together. Lessons had been learnt when things had gone wrong and learning was shared with staff to improve the service.

People received safe care from staff who knew them well. There was a safeguarding policy in place and the registered manager and staff knew how to identify and report any concerns.

Risks to people's health and safety had been completed. The provider was in the process of reviewing their risk assessment process and recording to ensure it was robust.

The service had enough staff to meet the needs of the people using the service. Staff had been safely recruited.

Staff supported people with their medicines. People told us they received their medicines on time. Staff had access to personal protective equipment and there were effective infection prevention and control measures in place.

Staff had received an induction and training to enable them to meet people's needs. We saw a system of spot checks and ongoing training was in place for staff in order to carry out their role.

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.

Staff were caring, kind and friendly. They provided care and support to people in a respectful and compassionate way.

The service carried out an assessment of each person's needs and how they liked to be cared for and care plans included guidance for staff on how to meet those needs.

There was a process in place for dealing with complaints which were dealt with effectively.

People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet. No-one at the service was receiving end of life care.

The provider sought support and liaised with health and social care professionals when needed. As a result, staff met people's need safely and effectively.

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

Rating at last inspection

The rating at the last inspection was good (published 29 June 2018).

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?

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 caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

A PL+US Caring Service

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 1 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 was not required to have a registered manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to ensure someone would be in the office to meet with us.

Inspection activity started on 2 October 2023 and ended 11 October 2023. We visited the location's office on 4 October 2023.

What we did before the inspection

We looked at all the information we held about this service. We used all of this to plan our inspection. The provider completed a Provider Information Return (PIR) in February 2023. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 3 people using the service and 6 family members. We spoke with the provider, office manager, 2 care managers and 2 staff members. We received an email from 1 member of staff and email feedback from 3 professionals about the service.

We reviewed a range of records. This included 3 people's care plans and medicine records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused.
- People felt safe and comfortable in the presence of staff. One person told us, "Absolutely I feel very safe with the staff visiting me every day." A family member said, "Yes we do feel safe as they are all very good and we have had them for some time now and have got to know them well."
- The office manager understood their responsibilities in relation to safeguarding and how to report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people's health and well being had been assessed to keep them safe in their homes. Staff knew the risks people faced and were aware of what action to take if people's needs changed.
- A review in how the provider assessed risk had been undertaken. They had found some of the paperwork was not as robust as it could be for staff to follow. This included diabetes care and the use of paraffin-based emollients. Improvements had been made to ensure risks and ways to mitigate them were in place and recorded appropriately.
- The care managers had updated their knowledge and understanding of risk through recent training to ensure there was effective safety management of people's health and wellbeing.
- People were assured of safe support, as staff had access to their care records at the person's home. A staff member told us, "We are updated about any changes to people's care. We also read the care plan so know what has happened after the last visit and any changes needed."

Staffing and recruitment

- There was enough staff to care for people safely.
- The rota arrangements meant people generally had the same staff except for changes to the rota when sickness or holidays occurred.
- People and their family members told us they were supported by a regular team of staff. One person said, "I have a regular team of staff about 4 or 5 visits a week." Another person told us, "There are a lot of different staff visiting me, but I do know them so I suppose you could call it a regular team."
- People using the service told us staff were mostly on time. A person told us, "We do have more or less set times for the morning visit, and they let us know if staff are going to be early or late."
- Safe recruitment procedures were followed. This included checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received support to take their medicines safely from trained staff. A family member said, "Staff support [relative] with medicine which is time specific and they check everything. I do think the staff know what they are doing and [relative] has not had any problems with this support."
- The medicine administration record templates (MAR) were different colours to enable staff to recognise their different uses, such as medicines in the blister pack and medicines which were given 'as and when' needed.
- The MAR for the use of creams was not being used but information was recorded in the daily notes. The provider agreed to change this process so the use of creams prescribed could be monitored alongside other medicines administered.
- Checks on staff members competency to administer medicines were completed. A staff member told us, "Managers come out and do spot checks and ask you questions. These are usually unannounced to make sure everything is okay, and you are good at what you do."
- Medicine administration records were audited regularly and during spot check visits at the person's home.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- People and family members told us staff followed good practice guidance. A family member told us, "Staff wear gloves and aprons. I have seen them wash their hands before putting on their gloves and after taking them off. They are all very fussy with following good hygiene. They always make sure the environment is left clean and tidy."
- We were assured the provider was responding effectively to risks and signs of infection as staff were trained in how to protect people and themselves from infection.
- We were assured the provider's infection prevention and control policy was up to date which included Covid 19.

Learning lessons when things go wrong

- There was a system in place to report, record and monitor incidents and accidents to help ensure people were supported safely.
- Lessons had been learnt when things had gone wrong. Information was discussed during team and managers meetings to ensure all staff were aware of any changes to policy decisions or ways of working. For example, due to a late call as a staff member was on holiday, the rota was now double checked to ensure all calls were covered.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- People had an assessment prior to them receiving care and support from the service. This recorded their needs, and their preferences and formed the basis of their care plan.
- Staff delivered care to meet people's individual care and support needs in line with current guidance and the law.
- People's protected characteristics under the Equalities Act 2010, such as gender, religion, sexual orientation, and ethnicity were not always identified as part of a person's assessment. We discussed this with the provider who included this as part of the assessment during the inspection so everyone's cultural and lifestyle needs could be catered for.

Staff support: induction, training, skills and experience

- New staff completed an induction and worked with experienced staff to understand and gain knowledge about the people they would be supporting and their job role. A staff member told us, "My induction was good, and I had several calls with people I would be supporting to get to know them, run down what they needed and time of calls. I felt ready when I went on my own."
- Staff received appropriate training to care for people effectively. Staff had completed mandatory training online as well as face to face including moving and handling people. Staff were also supported to gain further knowledge and skills by undertaking the National Vocational Qualification (NVQ) levels 2 and 3.
- There was a system in place for spots checks, observations on staff competencies and annual appraisals, However, formal recorded 1/1 supervision with staff was not always completed on a regular basis.
- People and their family members told us they thought staff were well trained. One person said, "I do think staff are well trained, knowledgeable and skilled, because of the way they do things for me." A family member told us "Whenever I have spoken to the staff, they certainly appear to be very well trained and skilled. [Relative] feels very comfortable with them."

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

- People were assisted with their meals and drinks to support them with their health and wellbeing.
- Care plans included information about people's dietary needs and requirements, likes, dislikes and allergies. A family member said, "At breakfast [relative] just loved bacon and eggs which the staff would cook for them and also make sure the juice bottle was filled up during the day."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans included information about other agencies and professionals involved in their care. A

professional told us, "I worked with A PL+US Caring for a person whose mobility declined quite quickly. The staff worked well with the person and I was informed when they were no longer able to use the equipment. They also call me if staff need guidance."

- People were supported to access healthcare services, taken to appointments where needed and supported to liaise with professionals such as the GP, occupational therapist or district nursing team.

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.

- Care plans contained information regarding people's capacity to make decisions about their care. Where people needed support to make decisions about their welfare or finances, we saw family members were involved and some people had a lasting power of attorney (LPA) in place.
- Staff had received training in the MCA and understood the principles of the act. They put this into practice when working with people, especially those with dementia. A staff member said, "I help people to deal with one decision at a time rather than overload them. This helps them to focus more clearly."
- People told us the staff helped them to make day to day decisions and respected their wishes. A person told us, "The staff support me to make my own decisions about daily tasks and some do go the extra mile." Another said, "Staff ask my permission before they do anything, and they enable me to be as independent as possible."

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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 were supported by staff that were kind, caring and respectful. A person told us, "The staff are indeed kind and caring, we have a good laugh every day. They are always polite and have a very positive attitude towards me."
- People and their family members were very positive about the care provided and praised the staff that visited them. A family member said, "The staff are very kind, and they never rush my [relative]. They are always polite and attentive and will do anything for them." Another family member told us, "The staff are very interested in [relative's] wellbeing. They are always caring and polite." A professional told us, "They are such a great, caring company. They go out of their way to help people and to put them at ease. The staff are polite, and people seem to really enjoy their visits."
- Staff had received equality and diversity training. A staff member told us, "We treat everyone as an individual and value their backgrounds and histories."

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

- People were involved in making decisions about their care and encouraged to make choices for themselves. A person said, "The staff always ask how I want things done so I do get choices." A family member said, "Oh yes, today was a good example as my [relative] was down for 1 hour's support for doing a particular task and they declined it which was respected by the staff."
- We saw people and their relatives were regularly asked for their views of the service during visits, spot checks and via telephone calls. A family member told us, "The staff would contact me via email, What's App or phone when they needed to check what my [relative] would prefer in their daily support."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was preserved. A person told us, "I am treated so well, and know this by the way they look after me. They always cover me after my shower, with a towel for privacy." A family member said, "My [relative] is treated with respect. [Relative] is always dressed in the bathroom, with the door closed."
- Staff encouraged people with their independence. A family member told us, "The staff always offer the opportunity for my [relative] to do as much as is possible for themselves. They always encourage in a way that is respectful."
- Professionals were impressed with the service provided to people. A professional told us, "I have been advised by relatives staff always stay for the allotted time, and if care has been delivered, staff will provide valuable social time for people. The staff I have met have appeared very competent and caring, and I have never received any complaints from people or their families."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- People's care plans detailed their needs, tasks, and preferences so that staff were able to provide a responsive service.
- Improvements were being made to ensure the care plans and risk assessments were person centred and contained information which reflected people's current situation and circumstances.
- People and their family members were involved in their assessment of need. Reviews were undertaken when people's needs changed. A person told us, "The agency had a good reputation, so we agreed to go with them. They assessed my needs and designed a care plan for me which started almost immediately." A family member said, "My [relatives] get reviews of their care plan every 3 months. Recently there were changes made to add an additional visit per day to help [relative] with extra personal care needs."
- People received personalised care from staff who knew them well. "A staff member said, "Getting to know [person] has been great. If they run out of their favourite things, I usually notice and get them when I do my usual shopping and drop them in the next day for them."
- Staff had access to up-to-date information as there was good communication between care managers and staff.

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 (AIS). The AIS 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.

- The office manager was not aware of the AIS. However, they understood the importance of making information accessible to people such as the care plan and any documents they needed in a different format such as large print.
- People's communication needs were described in their care plans, so staff knew how to best communicate with them. No one using the service at the time required specific alternative methods of communication.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. There were no complaints or concerns at the time of the inspection and relatives told us they knew how to make a complaint should they need to. A person told us, "We have a leaflet giving us information on the correct procedures, but we haven't needed to make a complaint."

End of life care and support

- Processes were in place to support people at the end of their life.
- Staff knew how to support people and how to access the appropriate health professionals should they need specialist support.
- At the time of the inspection, the service was not supporting anyone at the end of their life.

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 good. At this inspection the rating has remained 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

- A quality assurance process was in place to monitor the service. The audits of medicine records, care plans, daily notes and staff training were a mixture of paper based and electronic. This made it difficult to have an overview of all aspects of the service and look at trends and themes. We discussed this with the office manager who understood that some improvements were needed to their systems of monitoring the safety and quality of the service.

We recommend the provider consider best practice guidance in the effective management of records and information.

- Managers and staff were clear about their role and responsibilities. They worked as a team and provided cover and support for each other should the need arise.
- Policies and procedures were in place which were kept updated. This included a continuity plan for the smooth running of the service in any unforeseen event.
- Staff performance was monitored through checks on training completed, spot checks on staff competency and meetings to discuss progress and learning. A staff member told us, "[Name of manager] always come to check but that's okay, they want to make sure people are well and safe."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service, with good values put into practice by staff and the management team.
- The management team worked collaboratively to ensure people received good care from staff who knew them well. A professional told us, "The staff have contributed positively to all reviews I have completed. The management have always been happy to attend and have known all about the people I am reviewing. They have offered good advice on areas they have noticed could improve the quality of life for people."
- Communication within the service was effective and responsive. People and their family members told us they were contacted should any arrangement change and kept informed when needed. A person said, "The office responds quickly when I have rung and will call me back when they have said they will. I have an out of hours number I can call if needed."
- Staff told us they enjoyed working at the service and felt well supported by the management team. A staff member told us, "I feel the people I see are very well looked after and the quality of care is good. I really

enjoy my job. My manager is approachable." Another staff member said, "I am well supported, and the company is very good. We have lovely chats, and the management are very caring. I would recommend them as a place to work and also as a care agency."

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 management team understood the duty of candour requirements and when to share information with the relevant organisations when concerns were identified.

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

- People and their relatives were involved in their care arrangements and any reviews which took place. People were able to have their say about how they felt the service was being provided through ongoing engagement and annual surveys.
- Staff had the opportunity to go into the office for support, meetings and a general chat and catch up. Newsletters were produced weekly for the staff with updated information they needed to know.
- Events and celebrations were arranged to support staff health and wellbeing. Staff had access to a confidential counselling support service should they need to use it.

Continuous learning and improving care; Working in partnership with others

- The provider described to us ways in which they had improved care for people. This was through learning when things had gone wrong and being responsive to individual situations as they arose.
- People and relatives told us they would recommend the service to others. A person told us, "Yes absolutely. It's efficient, friendly and works very well for both of us." A family member told us, "I think I would, because it's a very small company and its personal" Another family member said, "I would, because they tailor made the care support [relative] needs"
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.
- Referrals were made to external professionals where needed, and advice was incorporated into people's care plans. A professional told us, "I just wish all caring companies were like A PL+US, they could certainly learn a thing or two from them."