Careplus Care (UK) Limited

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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

This inspection of Care Plus Care (UK) Limited took place on 19 December 2017 and 12 January 2018. It was an announced comprehensive rated inspection. At the last inspection in November 2015 the service met all of the regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection the service was rated 'Good'.

At this inspection we found the service continued to be rated as 'Good'. The rating is based on an aggregation of the ratings awarded for all five key questions.

Care Plus Care (UK) Limited is a domiciliary care agency that is registered to provide 'personal care' to people who live in their own homes within the local authority of North Lincolnshire. It provides a service to people in Barton-on-Humber and the surrounding villages. There were 56 people receiving the service when we inspected.

The provider was required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of the inspection there was a manager that was registered and had been in post for the last three and a half years.

People were protected from the risk of harm and staff were trained in and knowledgeable about safeguarding people from abuse. Risk was safely managed. Recruitment of staff followed safe practices to ensure staff were 'suitable' to care for and support vulnerable people. Staffing numbers were sufficient to meet people's needs. The management of medicines was safe and systems in place demonstrated there was a safe audit trail for handling all drugs. Staff followed good hygiene for safe control of infections. These measures protected people from harm.

Systems in place acknowledged and recorded when things went wrong and lessons were learnt to ensure problems or mistakes were not repeated. Staff encouraged people to make choices and decisions wherever possible in order to exercise control over their lives. People were cared for and supported by qualified and competent staff who were themselves regularly supervised and received annual appraisals of their personal performance. Staff respected the diversity of people and met their individual needs. People's nutrition and hydration needs were met to support their health and wellbeing.

People's mental capacity was appropriately assessed and their rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. The registered manager followed the 'best interests' route where people lacked capacity to make their own

decisions. Consent for support to take place was respected so that staff always sought people's cooperation and agreement before completing any support tasks.

People were cared for with compassion by kind staff who knew about people's needs and preferences. People were involved in their care and had their right to express views respected. The management team set good examples to the staff team with regard to attitude and approach, which meant staff had good role models to follow. Wellbeing, privacy, dignity and independence were respected. This ensured people they felt satisfied and were enabled to make choices regarding their lives.

Person-centred care plans laid the foundations for good care. They reflected people's needs well and were regularly reviewed. People were encouraged to maintain family connections and support networks and their communication needs were assessed and met. An effective complaint procedure in place ensured people's complaints were investigated without bias. The service sensitively managed people's needs with regard to end of life preferences, wishes and care.

The provider met the regulation on quality assurance and systems used were effective. Audits, satisfaction surveys, meetings, and spot checks on staff ensured there was effective monitoring of service delivery. Culture was person-centred, open, inclusive and empowering and ensured good outcomes for people. The registered manager understood their responsibilities and practiced a management style that was open, inclusive and approachable. The registered manager strove for continuous learning and good practice at every opportunity. The service fostered good partnerships with other agencies and organisations.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Care Plus Care (UK) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Care Plus Care (UK) Limited took place on 19 December 2017 with an announced visit to the agency offices. We gave 24 hours' notice, as we had to make sure there would be someone at the agency offices to see us. Then on 12 January 2018 we made telephone calls to people that used the service. One adult social care inspector carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also received feedback from local authorities that contracted services with Care Plus Care (UK) Limited and reviewed information from people who had contacted CQC to make their views known. We received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people that used the service, two relatives and the registered manager. We spoke with two staff that worked for the agency. We looked at care files belonging to four people that used the service and at recruitment files and training records for four staff. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

Good

Is the service safe?

Our findings

The domiciliary care service provided by Care Plus Care (UK) Limited was found to be safe for the people that received support from its care co-ordinators and support workers (staff). This was the case in all areas with regard to protection from abuse and managing risk, recruitment of suitable staff, staffing numbers, medicines management, infection control and learning from mistakes.

People told us they felt safe when they received the service. They said, "I have no worries about being safe with the girls" and "I definitely feel safe when being supported." A relative said, "I know staff are vigilant about adult protection and are quick to notice any problems, like bruises for example. They report any concerns to the manager." People with elements of risk in their lives had these removed by staff adhering to risk assessments and following good practice around risk management . Safeguarding systems were in place and included staff training on and understanding of adult protection requirements and good risk management. All records seen in the service evidenced that people were protected from abuse and harm.

Suitable staff were recruited using safe systems around requesting job applications, personal information, references and Disclosure and Barring Service (DBS) checks. A DBS check is a legal requirement for anyone applying to work with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions. We evidenced that all safety checks had been carried out for the staff whose files we reviewed. Staff confirmed the procedures the provider used to recruit them.

Staffing rosters were seen and provided evidence of good cover to people, who confirmed they were satisfied with the numbers, reliability and consistency of staff that visited them. People said, "I usually have the same staff, which is important to me", "Sometimes I get different staff at the weekends, because no one wants to work then", "The girls turn up on time and if there is an odd occasion when one of them is going to be late the office let me know" and "It can be bothersome when staff leave and new ones come to help, but that happens a lot less these days. It was a problem in the past, but is absolutely fine now." One person told us they had sympathy for the staff that had to travel between village calls, as this took a lot of time that they were not paid for. Another said there had been some recent staffing shortages but that other staff had completed extra visits, so everyone received the support they needed. Staff confirmed they maintained a reliable service and always let people know if they were running late or changes to staff were necessary.

People told us their medicines were safely managed. They said, "I have tablets in a 'blister pack' and so staff just help remind me to take them", "I only have creams to use but staff are very good at helping. They will collect anything I need for the chemist" and "Staff only support me to take medicines and then record when I have taken them." Medication administration records we saw archived at the service were accurately completed. Staff were trained in medicines management and followed safe practices, which we confirmed when we spoke with them and checked their training records.

People were satisfied that staff had good hygiene practices and completed tasks safely. A relative said, "The girls are competent and ensure their hygiene is appropriate. They have gloves, aprons and such and always

leave the bathroom clean and tidy." People said, "Staff do a lovely job of helping me shower and always clean my bathroom afterwards" and "When they prepare food they follow good hand hygiene and safe food handling." Staff confirmed their practice and told us about infection control training they'd completed.

The registered manager learnt lessons from when things went wrong and stated an example of when the surrounding villages had been cut off by snow one winter and staff were unable to get to visits. Emergency action was taken but since then systems had been put in place to inform people in advance that changes to staff will be necessary at times of bad weather and to ensure all staff are contacted regarding emergency changes in their visits. The plan involved staff carrying out visits on foot and nearest to their own homes where possible. Staff also now carry equipment for use in bad weather.

Good

Is the service effective?

Our findings

Care and treatment with regard to personal support, nutrition and hydration, health, individual needs and seeking consent were all effectively managed by the service.

People told us, "Staff help beyond what is asked of them. While they all have different ways of doing things, the tasks are completed in the end", "They [staff] are all very good and seem to be skilled in what they do" and "I am aware of my support plan and staff follow it very well." A relative said, "There are no faults with what the staff do for my family member. I am completely satisfied."

People's need were assessed and their care planned for in individual support plans that were regularly reviewed and which reflected their wishes and choice. People were involved in compiling their support plans and their choices were respected. Plans included details required by legislation and regulation and were of a good standard to inform staff on how best to meet people's needs. Care file contents included risk and needs assessments, support plans, copies of local authority contracts and agreements, permissions and consent forms, information and records of visits and support provided.

Staff were appropriately trained and experienced to carry out their roles and the provider ensured training was up-to-date by implementing a recorded monitoring system. Staff training was evidenced in records, their personal files and from speaking to them. They explained that training was either on-line or by attendance at a local care home that was also part of the provider's registration.

People told us that where they needed support with meals the staff provided it very well. One person said, "One of the girls cooks lovely dinners from scratch and uses my slow cooker a lot so that I have hot meals later in the day." Another person told us, "They [staff] usually help me get my meal ready but don't' really need to cook anything." Other healthcare professional support, such as from dieticians, was accessed when necessary and sometimes staff helped people by doing a little food shopping for them in advance of their visits. Staff monitored people for loss of appetite or weight and intervened by passing information to their family member or GP if necessary.

People told us they were supported to access equipment and mobility aids when these were assessed as being required and we saw in their support plans that equipment was used according to risk assessments that were put in place to remove any identified risks. Some people told us they had adaptations in their bathrooms and bedrooms to aid their mobility, which staff used appropriately.

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 interest 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 interest and legally authorised under the MCA. The application procedures for people living in their own homes are through Court of Protection orders.

Although the provider told us in their 'provider information return' that no such orders had been requested in the last 12 months, discussion with the registered manager revealed they were knowledgeable about the process and had requested orders in the past. The service worked within the requirements of the MCA and staff understood their responsibilities. Staff understood about the importance of seeking consent from people before supporting them in any way and people confirmed that they were encouraged and expected to decide wherever possible about the support they needed and how it was to be given.

Good

Is the service caring?

Our findings

The staff were very caring towards people and their relatives and demonstrated their commitment to ensuring people's privacy, dignity and independence were respected.

People told us they had very good relationships with staff and that care and support was sensitively provided. People said, "They [staff] look after me very well", "The girls that visit me are lovely and they are very discreet with personal care", "My privacy and dignity are definitely taken into account", "Staff are always smiling whatever the weather" and "I have some staff that I really get on well with and they are so discreet." Comments in satisfaction surveys included, 'I think it's an excellent service', 'I am very pleased with my care' and 'Without the care of the staff I would be under such pressure.' Staff talked passionately about the care and support they provided to people and were clearly fond of people they visited.

Staff told us they respected people's views and the fact that they were going into people's homes, not just to a place of work. They encouraged people to be involved in their care and support and to make choices and decisions, which enabled people to stay in control of their lives.

People dictated their own lifestyles and saw the service and support they received as a means to their physical needs, around mobility and practical tasks, being met. They spoke fondly of staff and expressed some mutual concern about them with regard to doing the job early mornings, late nights and without travel time being paid. This was discussed with the registered manager who stated they were unable to address this without full consultation and agreement from the provider.

Staff told us they often went over their time to support people emotionally or to complete what needed to be done for them and this was because they cared about people's comfort and wellbeing. One staff gave an example of staying with a person that was ill with severe backache and required an ambulance to hospital. Also when they took respite care in a residential home the staff member maintained contact by visiting them. Staff also told us how they had comforted two people and their family members at end of life.

We were told about staff needs being met with regard to equality and diversity, as well as those of people that used the service. One staff member was given time to visit their birth country each year to celebrate an important cultural festival. Other staff always covered their shifts. One person that used the service had a particularly debilitating mental health problem that mentally disabled them and so physically restricted them from going out at certain times of the year and on a specific day of the week. The service ensured that only those staff privy to the information and mindful of the person's needs were sent to carry out visits to them or support them while out in the community.

People's privacy and dignity was highly respected by the staff and management team. Staff told us how they handled potentially embarrassing situations for people and put them at ease by ensuring they were covered up during personal care and enabled them to be as independent as possible. Staff were mindful of the information they received about people and upheld confidentiality regarding what they saw or heard and any documentation they completed.

Good

Is the service responsive?

Our findings

The service responded well to people's needs through the process of assessment, person-centred care planning, reviewing care needs and delivering the support that people needed at the right time. The service had effective systems to respond to complaints although it had not been tested for a while as none had been received in the last 12 months.

People said, "I always get the care that I need", "Staff have helped me beyond what they needed to", "The staff are very adaptable to change in situations", "By and large staff are wonderful. I applaud them" and "They [staff] do a good job. They will empty my bins, wash up, scrub my back and do anything that I need help with. They are marvellous." Staff told us, "We respond to people's needs whenever we can, no matter what they are." For example, staff sometimes accompanied people to a local community based day centre if people had a placement there. It was called 'The Hub' and was a meeting place where people could socialise, have a meal or go out on a planned trip.

Support plans were detailed, clear and concise. Being person-centred they contained a needs assessment, actions required to assist people, for example, with personal care, nutrition, mobility and medicines, times of visits, expectations and individual routines that people had. Individual routine preference forms showed how people wanted to be supported up to a maximum of four times a day. People's care files contained contracts with the local authority for care and support, risk assessments (particularly for the environment), information from the service (a statement of purpose and a service user guide), monitoring charts and daily records. Documents were completed consistently and evidenced the support that people received.

Individual communication needs were assessed and met, as the registered manager was aware of the Accessible Information Standard (AIS), although they had yet to formalise the standard's assessment process. The AIS aims to ensure that those with a disability receive accessible health and social care information. This was an area they were to develop. They did provide an example where a person's first language was not English and with help from a family member, who translated, the staff used language cards to communicate with them.

A complaint policy, procedure and records in place showed that complaints were handled appropriately and within timescales. We were told by staff that few complaints were made and this was confirmed by the people that we spoke with. People said, "I have no complaints at all, but would ring someone at the office if I had", "I've never had to complain, but could call yourselves or the office if I did" and "I am aware of how to complain, but so far everything has been fine." Comments in satisfaction surveys received included, 'All of the care staff are excellent and [Name] should have a gold star', 'I am very pleased with the service and keen on gradually getting the staff to do more for me' and 'I have no complaints'.

Compliments were received in the form of many letters and cards posted on the walls in the office. Verbal compliments had been logged and these amounted to eight in the last 12 months. Staff were aware of the complaint procedure and understood that complaints helped them to improve the care they provided. The approach to complaints was a positive one.

People were sensitively supported at end of life and staff provided more than their visits for personal care. They told us about two people whose special requests were met. One person wanted to spare their next of kin being with them when they died and requested staff to be in attendance, which they did. A relative did not want specialist nurses in to support a person because they were strangers. Staff cared for the person until the end with oversight from the nurses.

Good

Is the service well-led?

Our findings

The leadership and culture of the service was based on use of a common sense approach. Responsibilities within the service were clear and quality performance, risk and regulatory requirements were understood. People were engaged in the service and staff learnt from them, which helped staff to improve on and sustain a good quality of service delivery.

People said, "I am often asked for my views on whether the service I get is good enough", "Office staff ring me from time to time to check everything is okay" and "Though I don't recall completing a satisfaction survey, I am asked if things are going well and I have been visited by a coordinator to check on the staff."

We found the culture of the service to be positive, friendly, accommodating, reliable and empowering. Staff described it as 'caring, polite and dignified.' Staff told us they worked well together and shared their concerns with each other and the management, as any members of a family would. There was a sense of 'all pull together' whenever problems arose and staff showed concern for each other as well as people that used the service. They used the example of helping one another out at times of absence or shortage. People told us that while they had been aware of staffing shortages on occasion, they had never been left without a visit.

The registered manager had a clear sense of responsibility and carried out quality performance checks, audits and surveys. These showed that the registered manager had identified problems and concerns, analysed the information and addressed the issues to people's satisfaction with regard to consistency of support, approach and reliability. A company director also completed financial audits and produced a 'director's report' each year. Spot checks were carried out on staff in people's homes to ensure they were properly attired, arrived and left on time, completed tasks to people's satisfaction and used appropriate personal protective equipment. All quality monitoring information was analysed and used to improve the service further, but findings were not routinely fed back to contributors.

Staff meetings were held informally at the office and staff told us they were confident about speaking up and making suggestions. They said that any questions or problems they had were always listened to and help was available from the registered manager, care coordinator and administrator. Staff told us the registered manager was approachable and was open to their ideas and requests.

A contract monitoring visit by North Lincolnshire Council (NLC) was last carried out in June 2017 and while some minor recommendations were made these had been addressed. Their feedback when we asked for it in December 2017 was, 'There have been no other concerns raised about the service, no notifications or information of concern sent to us at NLC. The service is usually quick to respond and conscientious about getting things right'.