

Plus Care Services Ltd

# Plus Care Services Ltd

## Inspection report

Unit 3A, Clifton Plaza  
29-31 Greatorex Street  
London  
E1 5NP

Tel: 07949713917  
Website: [www.pluscareservices.co.uk](http://www.pluscareservices.co.uk)

Date of inspection visit:  
10 March 2022  
22 March 2022  
28 March 2022

Date of publication:  
04 May 2022

## 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

Plus Care Services is a domiciliary care agency. It provides support to older people and younger people with learning disabilities who live in their own homes. At the time of the inspection it was providing personal care to two people.

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

People benefitted from support from care workers who spoke their language and understood their cultural and religious needs. A family member spoke of the service being responsive to their changing needs and being able to access support whenever they needed it and told us "I give them five stars."

People were safeguarded from abuse as staff understood their responsibilities to report abuse and were confident that this would be taken seriously. Risks to people's wellbeing were assessed with clear plans to mitigate these risks and ensure that people were supported with transfers and hoisting safely.

There were enough staff to meet people's needs and recruitment procedures were followed to make sure staff were suitable for their roles. The service did not support anybody with their medicines but had suitable procedures in place to do so in future. Care workers had access to personal protective equipment, training and regular testing to protect people from the risk of COVID-19.

People's care needs were assessed in a way which took account of their cultural needs and preferences. Care workers received appropriate training and supervision to meet people's needs safely. People's health and dietary needs were assessed with care plans in place to meet these.

People were supported to understand documents when English was not their first language or when they were unable to read but documents were not routinely offered in alternate formats to help people understand these.

People were treated with dignity and respect and had their choices and views respected. Managers carried out regular checks to ensure that people received good quality, responsive care. The registered manager promoted an open culture in the service with regular engagement with people and care workers. People using the service and care workers told us they could always reach a manager if they required advice or support.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at

[www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

We registered this service on 4 December 2019 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made two recommendations about how the service assesses people's mental capacity regarding specific decisions and how it offers documents in alternative formats to people. We will check if the provider has acted on any recommendation at our next inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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 ●

# Plus Care Services Ltd

## Detailed findings

### Background to this inspection

#### Inspection team

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

#### What we did before the inspection

We reviewed information we held about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 10 March and ended on 28 March 2022.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

We spoke with the registered manager of the service and two care workers. We attempted contact with two people who used the service and spoke with one family member of a person who used the service. We reviewed records of care and support for two people who used the service. We looked at records of recruitment and training for three care workers. We also reviewed records related to the management of the service including policies, complaints, audits and communication with staff.

# 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 of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- There were suitable systems to safeguard people from abuse. Safeguarding processes were clear about the responsibilities of care workers and managers to report suspected abuse. Care workers had received training in safeguarding adults and were confident that the registered manager would take appropriate action if they raised concerns. A care worker told us, "She would take it seriously."

Assessing risk, safety monitoring and management

- The service carried out appropriate assessments of risks to people's wellbeing. This included risks relating to people's health conditions, the risk from behaviour which may challenge others and those relating to falls and skin integrity.
- Where risks were identified there were clear mitigation strategies. These included identifying the best approaches to work with people and the use of creams and repositioning to reduce the risk of skin breakdown. Where regular repositioning was identified as a risk mitigation strategy this was taking place, however staff did not always clearly record how they had repositioned people. The provider told us they would review processes to ensure this was recorded more clearly in future.
- The provider ensured people were supported to move safely. Moving and handling plans included clear details about the support and staffing levels required to make transfers. Where people used equipment such as hoists these were assessed for safety and the provider ensured that these had up to date records of checking and servicing.

Staffing and recruitment

- There were enough staff to safely meet people's needs. Where care plans identified two staff were required to safely support a person this was in place. Care workers arrived on time and stayed the required duration. A family member told us, "When people go on holiday the office team come and cover so we don't go without."
- Care workers were safely recruited. The provider carried out suitable pre-employment checks including obtaining proof of identification, the right to work in the UK and evidence of satisfactory conduct in previous employment. Care workers had up to date checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service was not supporting anybody with medicines at the time of our inspection. The provider had carried out assessments of people's medicines needs, including the level of support people required and who had the responsibility for carrying out key tasks such as ordering and storing medicines safely.

- There were suitable processes for managing medicines safely in future. Care workers had received training in safe medicines management. There was an up to date medicines policy in place. We saw an example of a medicines administration record (MAR) chart that the provider told us they intended to use in future. This was of a suitable standard for recording and auditing medicines in line with best practice.

#### Preventing and controlling infection

- People were protected from the risk of infection, including those from COVID-19. Staff and family members confirmed that they had access to the right personal protective equipment (PPE) and that this was used appropriately. A family member told us, "The office staff bring the shoe covers and apron. And when they do the bathing [they use] the facemask and hand gel. They bring everything." A staff member told us, "I have all of the PPE and wear it all including the glasses."
- The registered manager took appropriate measures to protect people from the spread of COVID-19. Staff had received up to date infection control training and the registered manager ensured that staff carried out testing in line with the current national requirements for care workers. There was a process for logging and responding to infection control concerns, although none had been reported.

#### Learning lessons when things go wrong

- The provider had suitable systems for recording and responding to incidents and accidents. The incident and accident policy clearly showed responsibilities to report incidents and contained a framework for responding to these based on severity. There was a process for logging and responding to accidents and incidents and this was reviewed monthly, although none had been reported since the service started providing care.



# 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 of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The service was working in line with the MCA. Where possible people had consented to their care plans and if a representative had signed on their behalf the reasons for this were clearly documented. The service assessed whether people had capacity to make decisions about their care and where appropriate had carried out capacity assessments and followed a best interests process including the person's family members.
- Capacity assessments were not always clear about exactly what decisions were being assessed and did not contain full information about the nature of decisions that people could and could not make for themselves. The provider told us they intended to review procedures to fully outline specific decisions and whether the person can retain and weigh information relating to those decisions.

We recommend the provider take advice from a reputable source on how to ensure that mental capacity assessments reflect people's abilities to make specific decisions.

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

- The provider carried out detailed assessments of people's needs and choices. This included obtaining a full medical history and details of people's life stories and family situations. Assessments noted how medical conditions affected people's wellbeing and care needs, and how these can vary based on whether a person was well.
- Policies and procedures were written in accordance with best practice and the law. There was a range of policies relating to aspects of care provisions such as infection control and safeguarding with clear links to best practice and relevant regulations which the service was required to work within.

Staff support, training, skills and experience

- Care workers had the right training and skills to carry out their roles. New staff undertook an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The provider assessed staff training needs and ensured that care workers received the right training, with clear expectation for how often this should be renewed.
- Staff had sufficient supervision and oversight from managers to carry out their roles. Managers carried out regular checks of staff competency whilst they were supporting people to ensure that standards were met. A care worker told us, "Every three months we have supervision. We do talk a lot if we have any concerns so it's very useful."

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

- The provider assessed people's needs relating to nutrition and hydration. This included ensuring care plans reflected who was responsible for buying and obtaining food and the support people needed to prepare meals and support at mealtimes. There was clear information on people's cultural needs and preferences relating to food. A care worker told us, "Every time we go there we make sure [the person] has juice or drinks and give all of those and before we leave we leave a glass of water."
- Food and drink was given in a safe manner. The provider assessed whether people had any risks relating to foods such as allergies and whether people needed particular diets such as soft food if choking hazards were present.

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

- The provider was not involved in supporting people to access healthcare services. However they had assessed people's needs relating to their health and determined if support was required in attending appointments. There was clear information on what other agencies were supporting people with and whether the service was required to liaise with these.

# 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 of this newly registered service. We have rated this key question 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; Supporting people to express their views and be involved in making decisions about their care

- People were well treated by their care workers. Staff documented how they spoke with and reassured people whilst providing care. The service had assessed people's cultural needs and care workers documented how they had supported people to meet these, for example by providing support to pray or to listen to readings of the Koran. A family member told us "The women they understand him and they talk to him softly and he likes that."
- People benefitted from having care workers that spoke their language. The service supported people of Somali heritage and provided care workers who spoke people's local Somali dialect. The service assessed people's language skills and the support they needed to communicate. A family member told us, "They speak the same language." A care worker said, "It reflects on the care plan as well and we make sure [the person] gets all the support and [their] practices are respected."

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's independence. The registered manager had assessed what tasks people could and wished to do for themselves and care workers documented how they had supported people to carry out tasks independently.
- The registered manager checked that people felt respected and treated with dignity. Regular spot checks recorded how staff had interacted with people and respected their dignity. A senior member of staff regularly called people and discussed their care and checked they were happy with the way they were treated.

# 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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

### 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. The Accessible Information Standard 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 provider was not fully meeting the Accessible Information Standard. People using the service had limited English and in some cases could not read or write. There were no pictorial versions of policies or care plans available and people and their families in some cases could have benefitted from having documents in Somali. The provider told us that in most cases care workers or family members supported people to understand documents and translated these for them when necessary.

We recommend the provider take advice from a reputable source on meeting the Accessible Information Standard so people had information about their care in a format suitable to them.

### Planning personalised care

- People received personalised care. Care plans were detailed about people's needs and wishes for their care and their likes and dislikes had been explored and recorded. Care workers recorded how they had offered choices and met people's cultural needs.
- The service responded to people's changing needs and family settings. A family member told us, "If I have a sick child they are here to help and if I need someone to look after [my family member] they can be here right away." The service was flexible in changing people's visiting time at their request to meet their needs.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People were supported to access activities of their choice. A younger person who used the service was supported to access the community regularly and offered a range of preferred activities. Staff members understood the person's preferences for their daily activities and supported them with this and offered support with attending an education placement.

### Improving care quality in response to complaints or concerns

- There was a clear process for raising concerns and complaints with the service, and the family we spoke with told us they knew how to contact the registered manager and raise a concern but had not had cause to do so. There had been no complaints about service since it had started.
- The registered manager had processes in place for reviewing complaints and understanding trends, although this had not yet been used as there had been no complaints.

## End of life care and support

- The service was not supporting anyone considered to be at end of life. However, where appropriate the service had engaged with people to assess their preferences for the support they would receive at the end of their lives and had discussed what people would like done after their death in a way which met their cultural and religious needs.

# 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 of this newly registered service. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families were put at the centre of the service and could always ask for help if they needed it. A family member told us, "We are more than happy because the care agency always responds and If I can call them at midnight they can always help, some agencies can't do that. I can call any time if I need help. I can give them 5 stars."
- Care workers were well supported in their roles by managers. Comments from care workers included, "It's very good no problems, the management are very helpful so I haven't had any issues at all" and "If there's anything I need from the office I can ask them and they can always explain to me when I ask what [something] means."
- The registered manager met with staff regularly to make sure staff were supported and understood what was required of them. Team meetings were used to update care workers on changes to the service, procedures relating to timekeeping, infection control and to ensure staff understood how the service was responding to the COVID-19 pandemic.

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 provider understood their duties to be open and honest when things had gone wrong with the service. Policies and procedures outlined the responsibilities to respond to concerns and incidents and who these needed to be reported to. There was a procedure for investigating incidents which outlined the need to be transparent and open with what had occurred.

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

- The service had procedures in place to ensure they met regulatory requirements. This included having clear procedures for assessing people's care needs and making sure that a wide range of possible risks to people's wellbeing were considered.
- The registered manager carried out checks to ensure that standards were met. Spot checks were used to assess the standard of care and conduct of care workers and to meet with people regularly to check they were happy with the service. There were systems of audit to ensure that care plans and risk assessments were up to date and that daily logs completed by staff were accurate and showed that people's care needs were being met.

- Aspects of the service were designed to ensure that standards would continue to be met if the service grew in size. This included conducting monthly reviews of accidents, incidents and complaints and assessing these for any trends.
- Due to the size of the service and people's care needs the service did not rely on an electronic system to ensure that staff had arrived on time for the visits. Similarly, staff rotas were simple as most care workers only provided support to a single person. However, these aspects of governance alone would be unlikely to ensure the prompt delivery of care in the event the service were to expand significantly. The provider told us they were evaluating possible electronic systems they could use in the event of growth.

#### Continuous learning and improving care; Working in partnership with others

- The service had plans in place where areas for development had been identified. This included regular reviews of policies and procedures to ensure they complied with current regulations and standards.
- The service worked with people and their families to plan responsive care. People's daily needs were assessed in ways that took account of what people could do for themselves, what their families supported them with and what they needed support from the service with. The provider understood which other agencies and professionals worked with people and what information needed to be relayed to them.