

Care Plus More Ltd

# Care Plus More Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Care Plus More Limited is a supported living service providing personal care to people with mental health needs and/or learning disabilities. The service can support up to 10 people in two houses, and at the time of the inspection, 10 people were living in the service. People had tenancies for their own individual en-suite bedrooms. There were also communal areas in the homes that included a garden, lounge, kitchen and laundry facilities. The service was staffed 24 hours a day, seven days a week.

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. At the time of the inspection, 2 people received support with personal care.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care and right culture.

### Right Support

The service gave people care and support in a safe, clean and well-maintained environment that met their needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Risks to people were assessed and monitored. Medicines were managed safely, and staff enabled people to access specialist health and social care support in the community. People were supported to have the maximum possible choice and control, to be as independent as possible and to have control over their own lives. Staff supported people to make decisions and communicated with people in ways that met their needs. Staff also supported people to take part in activities and pursue their interests in their local area.

### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff understood and responded to people's individual needs. For example, people who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. People's care plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

## Right Culture

People received good quality care and support because trained staff and specialists could meet their needs and wishes. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Relatives were satisfied with the care provided. The provider followed safe recruitment procedures. Staff were supported through an induction and training and told us they felt well supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection and update

The last rating for this service was requires improvement (published 18 February 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

## Why we inspected

We carried out an announced comprehensive inspection of this service on 7 January 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care, safe care and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Plus More Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Care Plus More Ltd

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 people. Some people could not speak with us and tell us of their experiences verbally, so we observed their interactions with staff. We spoke with 6 members of staff including the registered manager, who was also the nominated individual, the director and 4 care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 2 people's care records and medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. 2 relatives and 3 health and social care professionals emailed us with feedback of their experience 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had systems and processes in place to help keep people safe.
- Risk assessments and risk management plans included risks relating to medicines, weight, choking, social isolation and loneliness. Risk mitigation plans included how the risk might happen, what to do to help prevent it and what action to take if it did happen. Personalised guidance about people's specific needs and regular reviews helped to keep people safe.
- Staff demonstrated a good understanding of people's needs and how to support them around individual risks.
- There were procedures in place for dealing with emergencies. This included personal emergency evacuation plans (PEEPs) for each person. These contained information for supporting people in the event of a fire or other emergencies.
- The provider completed a daily risk assessment check in each home to help ensure the environment was well maintained.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to help safeguard people from the risk of abuse and avoidable harm. A relative told us, "I feel [person] is safe. [They are] always happy coming home and to return, and this tells us that they are ultimately happy with the care [they are] receiving."
- There were appropriate policies and procedures for dealing with safeguarding alerts.
- Records confirmed staff received training around safeguarding adults and understood what action to take if they had any concerns around abuse.
- The provider had a system in place for reporting and investigating safeguarding incidents appropriately.

#### Staffing and recruitment

- We observed the provider had enough staff available to support people's needs. They confirmed this and said they did not need to use agency staff. Staff were attentive and we observed positive interaction with people.
- Staff received an induction when they commenced working at the home and relevant training.
- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. 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

- Medicines were managed safely and the provider had procedures for the administration of medicines.
- Records we viewed were completed appropriately. Medicines administration records (MARs) indicated that people received their medicines as prescribed.
- Staff had appropriate training and medicines competency testing to help ensure they were administering medicines safely.
- Medicines audits were undertaken and any errors identified through the process were acted on to help prevent future incidents.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider followed current government guidance around visiting.

#### Learning lessons when things go wrong

- The provider had a system in place for recording accidents that included investigating and actions taken.



# 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 requires improvement. At this inspection the rating has changed to 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

At our last inspection we found care plans had not always been updated to reflect current needs. Additionally, there was not an easy read plan to make it more accessible for the person to understand what was written in their care plan. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care which met their needs and reflected their preferences. Families confirmed they were involved in planning people's care and people's needs were being met. One relative commented, "The management have trained their staff well to understand [person's] needs and day to day routine. They keep [person] active as well which is good, and we can see [person] has lost weight and been able to maintain a healthy weight." A healthcare professional commented, "I appreciate that they respected my client and their family's wishes and choices about how they want to receive care and support. As a result, my client settled down well with the support of the staff that meet [person's] cultural needs of [specific] food and a [specific] language interpreter which helps them to communicate."
- Care plans contained information and guidelines for staff so they could meet people's needs, preferences and promote their independence. This included information about people's physical needs, behaviours, nutrition and dietary needs.
- Care plans were regularly reviewed and updated to reflect current needs. Staff told us they used handover meetings and a communication book to share information. One staff member commented, "Staff get briefed, especially when there is a medicines change."
- We saw people were supported to make choices by using communication methods that suited their needs.

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.

- People's preferred communication method was recorded in their care plans. For example, Makaton, a type of sign language, was used and we observed people and staff communicating in this way.
- We saw some people used a Picture Exchange Communication System (PECS) which supports people to communicate using pictures. One person used PECS to record what activities they were doing that day, to help prepare them to move from one activity to the next.
- The provider employed staff who spoke the same languages of people who used the service which supported people to communicate in a way they preferred.
- Additionally, people had communication passports that explained how people expressed various emotions and included a Makaton vocabulary list. This helped other professionals, such as in healthcare, to communicate with people in a way they understood.

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

- People were supported to maintain relationships and avoid social isolation. Both people receiving support with a regulated activity, had regular contact with their families including overnight stays. When people were unable to go home, online communication with families was maintained.
- The provider supported people to take part in meaningful activities that interested them. For example, arrangements had been made with a local gym for people to swim there with their care workers.
- One person took part in various classes such as pottery and attended college. People who enjoyed going to the park or for a walk were supported with this.
- The provider had invested in a minivan which meant they were able to take several people and staff on outings. For example, they had organised a group activity at Thorpe Park.

Improving care quality in response to complaints or concerns

- The provider had procedures in place to respond to complaints. This included information about how to complain on display and easy read information about complaints.
- The provider had not had any complaints, but relatives told us they could raise any concerns. One relative said, "We are aware we can make a complaint directly to Care Plus More if we need to and can raise concerns with CQC if we need to. Thankfully there has been no need for us to do this."

End of life care and support

- The service did not provide end of life care. However, end of life care plans had been completed to help ensure people's wishes and preferences for care at the end of their lives was known in the event they required this support.

# 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 requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection we found quality assurance systems were not robust enough and did not identify that not all records contained up to date information and guidance to meet people's care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had systems for assessing, monitoring and mitigating risk and improving the quality of the service.
- The provider undertook checks and audits to help ensure continuous learning and improving care. These included people's care records, service user involvement, incidents and accidents, staff communication and staff records. Actions from previous audits were checked and current audits analysed to identify issues and implement lessons learned.
- Managers participated in local authority provider forums to share information and best practice with other providers in the area.

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

- The service was person centred and open. The registered provider said the homes were treated "like family homes" and as a service they were active, doing things together as a 'family'.
- People's relatives told us they were satisfied with the care provided. One relative said, "The communication and understanding between [registered manager] and myself is excellent. Before they make any decisions, they inform me first, then we start from there. I can see how my [relative] gets treated equally and nicely from the heart."
- The registered manager told us they tried to create a positive environment, so if anyone had a concern they would feel they could raise it and be listened to before it became a bigger issue.
- The provider carefully considered new people's applications, to be sure they could meet their and the current people's needs. When potential new residents came to the home to visit, people who used the

service provided feedback to the managers of their views.

- Some people living at the service had a learning disability as their primary care need. 'Right support, right care, right culture', guidance outlines three key factors that CQC expects providers to consider if they care for autistic people and/or people with a learning disability. The registered manager was aware of these principles and had considered them as part of how they met people's needs and achieved good outcomes.

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 responsibility around the duty of candour. They knew when they needed to report notifiable incidents to CQC and to the local authority.
- The registered manager said, "You tell the truth and if at fault admit it. Have the learning and move forward."
- Relatives said they could raise concerns but there had not been any complaints since the last inspection. The registered manager considered this may have been because they always tried to be open and honest.

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

- There was a clear staff structure. The registered manager and the director, who were the owners, were present and involved in the day to day running of the service. They were appropriately qualified and understood their regulatory responsibilities.
- Staff meetings and supervision sessions were used to obtain the views of staff and share information about people and the service.
- Staff felt supported and told us, "It's well managed. [The registered manager] can be contacted. It doesn't matter the time of day. [They] listen to our concerns and act on them" and "[The registered manager] is very helpful. They give you a lot of time."
- The provider had quality assurance systems in place and appropriate action was taken to help improve service delivery.

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

- People and relatives were engaged in how the service was run and had opportunities to feedback about the care provided. A relative told us, "The management keep me and [other relative] well informed of what's going on and we are happy with the service we receive." A healthcare professional commented, "I found Care Plus More to be very proactive in ensuring that [person] was supported in the most effective way for [them]. They had good communication and were always opens to suggestions of change to ensure that [person] was supported in the way that was best for them."
- The provider had considered people's protected characteristics such as religion, culture and ability. For example, kitchens had separate cooking areas to help maintain religious requirements. People were also supported with reading relevant religious verses and to attend their places of worship.
- There was evidence of meetings for people who used the service taking place and team meetings were held to share information and give staff the opportunity to raise any issues.

Working in partnership with others

- The provider worked with other professionals to help ensure people's needs were being met and their wellbeing maintained. These included the GP, dietician, speech and language therapist and social workers. They provided an example of working with other professionals to better manage one person's health condition which had the positive result of reduced self-harming.
- A healthcare professional said, "They have demonstrated proactive communication without needing to ask for it, enthusiasm about the patient's care and fully implementing the recommendations."

- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.