

Plan-it Homecare Limited

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## Inspection report

The Barn, Fern Hill Court, Balsall Street East  
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West Midlands  
CV7 7FR

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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

Plan-It Homecare is a domiciliary care agency providing personal care and support to people living in their own homes in the community. At the time of our inspection the service was supporting 124 younger adults and older people, some of whom, were living with dementia. The service also provides reablement support to people to enable them to regain skills following a hospital stay.

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

The care and support provided to people was person centred. People's care plans and risk assessments included information about their preferred care, support needs, and preferences and this was followed by staff. Staff had received training about safeguarding people from abuse and knew how to respond to and report any allegation or suspicion of harm or abuse. They understood the importance of reporting concerns immediately. The service's recruitment procedures were designed to ensure that staff employed were suitable for the work they would be undertaking.

Staff received regular training and new staff had received an induction to the service before starting work. Staff also received supervision meetings with their manager to support them in carrying out their roles. Spot checks of staff practice and competency had taken place.

People were complimentary of the care they received. People said they trusted the service because of their reliability, consistency, and the caring approach of staff. People and their family members were involved in decisions about people's care. They told us they had been involved in agreeing people's care plans and had participated in reviews of the care and support provided to people. People and family members said staff asked people for their consent to carry out care and support tasks.

Information about people's religious, cultural and communication needs was included in their care plans to assist staff in supporting people as appropriate. People were supported to have 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.

People had been asked about their views of the care and support that they received, and the provider used this feedback, and a range of quality assurance checks to continually improve the service. People and family members were aware of the service's complaints procedure and knew how to make a complaint if they needed to. T Actions had been taken to address any concerns.

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:

The last rating for this inspection was Good (published August 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# Plan-it Homecare Limited

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, an inspection manager, an assistant inspector, and an Expert by Experience who made telephone calls to people who used the service and their relatives. 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. The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave 48 hours' notice of the inspection because we needed to make sure the registered manager would be available to support the inspection. We visited the office location on 26 February 2020 and phone calls were made to people who used the service and their relatives on 26 and 27 February 2020.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who did not have any concerns about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who received support from the service and four relatives of people who were unable to share their views of the support they received. We spoke with nine members of staff including the provider, the registered manager, members of the management team, office staff and three care workers. We reviewed a range of records which included eight people's care records and medication records. We looked at four staff files in relation to recruitment. We looked at other records relating to the management of the service, such as training records, audits and quality satisfaction survey results.

After the inspection

We reviewed additional information sent to us by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. They said they trusted staff and felt comfortable with them in their homes. One person told us "I feel very safe with them. They all know what they are doing. They are all lovely."
- Staff had the training and knowledge needed to ensure concerns about people were reported appropriately. They felt confident the registered manager would refer any concerns to the appropriate organisations, for example, the local safeguarding team.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments and guidance for staff to follow to ensure care and support was provided safely.
- Risk assessments and care plans made clear what people were able to manage independently and when staff should offer support. A relative told us, "I am very happy they keep [Person] safe. [Person] uses a walking frame to get about and the staff make sure they are steady and using it properly."
- Environmental risks were assessed, and information was included about actions staff should take to keep themselves and people safe. The provider had identified postcodes did not always lead staff to the correct address. In response, they had sourced and implemented a more accurate system to locate people to ensure they received the care they required.

Staffing and recruitment

- The provider's recruitment procedures ensured new staff were suitable for the work they were undertaking. Checks of criminal records, references and eligibility to work in the UK had been carried out before staff started work.
- Staff told us there were enough of them available to attend calls at the times people wanted and allocated travel time between calls helped them to arrive on time.
- Call planning and monitoring was effective. The provider used an electronic system to monitor when staff arrived and left people's homes. This was monitored and if a care worker was late, office staff would contact them to enquire about the delay and make contact with the person to tell them when they could expect the care worker to arrive. One person told us "Sometimes they are a few minutes late but if they are going to be very late someone will let us know."

Using medicines safely

- People said staff supported them safely with their medicines. One person told us, "They pop my tablets into a little pot and will put my eye drops in (to their eyes) too. They will wear gloves when doing anything like that."

- Care plans contained information about the medicines people took, and the support they needed from staff.
- Checks were made to ensure medicines were taken at appropriate times such as with or without food, so the medicine was effective.
- Medicines records were audited regularly to ensure people had received medicines when they needed them.
- Staff received training in safe administration of medicines and had regular competency checks.
- Medicines prescribed "as required" such as pain relief tablets did not always have information for staff about how they would recognise a person required the medicine if they were not able to communicate verbally. We discussed this with the registered manager and they immediately arranged for this information to be included in medicine records.

#### Preventing and controlling infection

- People's risk assessments included information about managing the risk of infection.
- Staff had received training in infection control. Staff understood the importance of minimising the risk of the spread of infection to people.
- Staff were provided with disposable protective clothing such as aprons and gloves. People confirmed that staff used protective clothing when providing care.

#### Learning lessons when things go wrong

- Staff reported and recorded accidents and incidents in a timely manner. The provider had systems to monitor and review accidents and incident reports to ensure any actions needed to keep people safe were taken.
- A local authority professional told us the provider had been responsive in addressing actions raised from quality monitoring visits to help improve people's experiences of care.
- Where issues for improvement had been highlighted through satisfaction surveys or complaints, a thorough investigation was completed and an action plan to address the issue developed. This was shared with all staff and, where possible, the person who had raised the issue.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- An assessment of people's needs had been carried out before they started to receive care and support from the service. This had enabled the provider to ensure that the service could effectively meet people's needs.
- People's assessments included information about their individual health and care needs, their personal preferences and religious and cultural requirements.
- People said they were involved in agreeing their assessments and the care and support that they needed. People had signed to show that they agreed with their assessments and care plans.

Staff support: induction, training, skills and experience

- New staff received an induction to the service to help them carry out their role. Induction training met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff working in health and social care services.
- The registered manager told us staff were provided with regular 'refresher' training to ensure they remained competent in their roles. Staff said the training they had received was very good.
- Staff had regular individual meetings with their manager where they could discuss issues in relation to their work and personal development. Spot checks of staff practice in people's homes had also taken place and were discussed in these meetings.

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

- People were supported by staff to eat and drink if they needed help. Staff completed daily care records about the food and drink they had supported people with.
- Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments. This included any information about their cultural needs and requirements.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about other health and social care professionals involved in their care and support.
- Staff had developed links with health and social care professionals to ensure that support was provided to people when required. For example, staff had identified one person had a lump on their chest which when communicated with health professionals helped the person to receive a prompt diagnosis and treatment.
- People's daily care records showed that staff had liaised with other professionals to ensure that people's needs were met. The provider told us of an example where they worked with the local authority to support a

person to move from a dangerous living situation to safer accommodation.

Supporting people to live healthier lives, access healthcare services and support

- Guidance on supporting specific health care needs such as diabetes and epilepsy was included in people's care plans.
- People were registered with GPs and received support from community nursing services when required.
- People's records showed staff had contacted their GPs or other health professionals where they had concerns about their health and wellbeing.

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 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 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. People's care assessments included information about their ability to make decisions. Their care plans included guidance for staff about the decisions that people could make for themselves.

- Staff had received training about the MCA and DOLS which meant they understood the legal requirements of these and how to support people who did not have capacity to make decisions about their care.
- People told us that staff always asked their consent before providing any support.
- People were involved in making decisions about their care and support. People said they had agreed their care plans and had been asked if they were satisfied with their care and support.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and family members spoke positively about the care and support people received from staff. One person said, "They [staff] are all lovely and I trust them which is important. I get on well with them all, [Staff member] has such a vibrant personality and I really enjoy her company."
- Staff understood their roles in ensuring people received caring and compassionate support. A member of staff told us that they "Always have time for a cup of tea and a chat" with the people they support. Another member of staff explained that they liked to make sure people knew they cared by helping them put up Christmas decorations, celebrating birthdays by giving cards and presents and picking up things the person likes, for example "fish and chips on a Friday."
- Staff received training in equality and diversity and person-centred approaches to help them to understand the importance of supporting people's unique individual needs.
- The registered manager told us that, where possible, staff were matched to people based on their specific cultural needs and interests. People had been asked about their preferences in relation to the gender of the staff supporting them as part of the service's assessment process.

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

- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support.
- People and their family members told us they were involved in decision making on a regular basis. One person said, "They do ask me how I want things to be done."

Respecting and promoting people's privacy, dignity and independence

- People and family members always told us staff supported people's privacy and dignity. One person said, "They are all very nice and caring. They always treat me with respect and make sure my dignity and modesty is maintained. They are all lovely."
- Staff supported people to maintain their independence. People were supported to do as much as they could for themselves.
- The service supported people to regain skills after a period of time in hospital. People's care plans contained information about how people should be supported to become more independent. The provider told us how staff had supported a person to be discharged from hospital. Staff had cleaned the person's house and organised appropriate equipment to be in place. Staff continued to support this person to regain their independence and the person no longer requires support from the service.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans described their personal histories, needs, preferences and interests to support staff in meeting people's individual needs.
- Information about people's individual care preferences was included in their care plans.
- People's care plans were reviewed every six months or sooner if there were any changes in their needs. This meant that staff had accurate information to support people the way they wanted to be supported.
- People told us that they had been involved in reviews of the care and support provided by the service.
- Staff demonstrated that they understood people's preferences and choices in relation to care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager gave examples of how they used different communication methods for people who did not communicate verbally, or their first language was not English. They explained one person used a chart to point to letters whilst other people used gestures to communicate their needs. They went on to explain relatives translated for a person who did not speak English.
- A relative told us "They are so gentle with my relative and really communicate in an appropriate way with them. "[Person] has no English and I will ask what they want that day and relate to the staff but some of the staff try so hard. There is one member of staff who will put the Google translation on their phone so she can converse a little with her, [Name] loves it."
- Information about people's communication needs and preferences was included in their care plans. These included guidance for staff on how they should communicate with people.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was provided to people and family members when they started using the service.
- People told us they would contact the registered manager if they had a complaint. One person said, "I have no complaints, but I would call [registered manager] or [nominated individual] if I had any problems with my care."
- The service had received seven complaints in the 12 months prior to our inspection. These had been managed in line with the complaints policy and resolved to the satisfaction of the people involved. A relative told us they had problems with staff not attending on time and not reading the care plan. They had spoken

with the provider about this which resulted in an improvement. The registered manager told us they encouraged people to raise any issues as soon as they occurred so they could be addressed immediately.

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#### End of life care and support

- At the time of our inspection the service was not supporting anyone who was receiving end of life care, however, the registered manager explained they supported people at the end of their lives. Staff received training about how to provide compassionate care supporting both the person and their loved ones.
- Staff had liaised with the local palliative care team and other health professionals to ensure that people received suitable care and support when at the end of their life.
- People and relatives were involved in decisions about how they would like to receive care and support at the end of their life.
- Staff were well informed about their roles and responsibilities in providing care to people at the end of life. Members of staff told us they were passionate about end of life care and that by supporting people to have "A good and pain free death" as this was the final thing they could do to show they respected the person.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People spoke positively about how the service was managed and felt comfortable contacting the office if they had any problems. However not everyone was aware who the registered manager was. One person told us "said "I don't know who the manager is, but it all seems to be well organised and managed." A relative said, "I met [Registered manager] at the start, she came to do the initial visit, she seems very approachable."
- The registered manager knew the importance of being open and transparent with relevant persons and taking responsibility when things went wrong. The registered manager demonstrated their understanding of reporting notifiable incidents to CQC and commissioning local authorities as required.
- People and family members told us they had been involved in planning their care and support and had been asked for their views about the service.
- Staff members said the service was well-managed. One member of staff told us the provider went "Over and above" to support staff and people using the service. They gave an example of the provider travelling to a person's house to arrange alternative heating for them when their boiler stopped working. The member of staff explained the provider would always do everything they could to promote people's safety and well-being.

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

- The registered manager was clear about their role and responsibilities and had the skills, experience and qualifications to lead the service. They were supported by the provider. Care rotas showed they both provided care and support to people when care staff were absent.
- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of regular audits and checks were carried out. Appropriate actions were taken to address any concerns and make improvements.
- Staff were familiar with the aims and objectives of the service which promoted personalised care, dignity and independence. They were clear about their roles in supporting these.

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

- People received regular visits or phone calls to assess their satisfaction and views of the service. Unannounced spot checks of the care provided by staff had taken place. Actions had been taken to address any concerns. For example, when a person was not happy with the time of their care calls, the calls had been

adjusted to more suitable times.

- Regular meetings were held with staff to discuss the delivery of the service and any changes. The records of staff meetings showed issues such as upcoming training opportunities had been discussed.
- People's equality and diversity needs were understood and supported by the service. Details of these were reflected in people's support plans with guidance provided for staff to enable them to meet these needs.

#### Continuous learning and improving care

- The provider used information gathered from quality assurance processes to make improvements. For example, immediate actions had been taken to address any issues arising from spot checks of staff and feedback from people.
- Staff were informed about changes to people's care plans as soon as these had been made. The staff members we spoke with confirmed that they were updated about changes in people's care records immediately via the electronic care planning system.
- Staff were encouraged to pursue specific areas of interest linked to people's care. One member of staff was very enthusiastic about dementia care. The registered manager had arranged for a number of resources to be available to the staff member including informative books and DVD's. They had also arranged for the staff member to have access to sensory objects which they could use to support people living with dementia.

#### Working in partnership with others

- The service had liaised with other health and social care professionals to ensure that people's needs were fully met.
- Staff had sought immediate advice and guidance from health professionals where there were concerns about a person's health. This was reflected in people's care records.
- A local authority professional told us the service worked positively in partnership with them. They said the service was proactive and responsive in supporting changes in people's care and support needs.