

Plan-it Homecare Limited

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Inspection report

The Barn
Fernhill Court
Balsall Street east
Balsall Common
Solihull
CV7 9FR
Tel: 01564 772278

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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 

Overall summary

Plan-it Homecare is a domiciliary care agency which provides personal support to people in their own homes. At the time of our visit the agency supported approximately 100 people.

We visited the offices of Plan-it Homecare on 1 September 2015. We told the provider two working days before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. A registered manager is a person who has registered with the Care

Quality Commission 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.

People and their relatives told us they felt safe using the service. Care workers were trained in safeguarding adults and understood how to protect them from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with

Summary of findings

people's care and for managing people's medicines safely. Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service.

The provider and registered manager understood the principles of the Mental Capacity Act (MCA), and care workers gained people's consent before they provided personal care.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs, if this was part of their care plan.

Most people had consistent care workers who arrived on time and stayed the agreed length of time. However, some people said the length of time care workers stayed varied from what they expected. There were enough suitably trained care workers to deliver effective care to people. People told us care workers were kind and caring and had the right skills and experience to provide the care and support they required.

Care plans and risk assessments contained relevant information for care workers to help them provide the personalised care people required. People were able to share their views and opinions about the quality of the service they received. People knew how to complain and information about making a complaint was available for people. Staff were confident they could raise any concerns or issues with the provider and registered manager, knowing they would be listened to and acted on.

The provider and registered manager were dedicated to providing quality care to people. Staff and people who used the service found them open, approachable, and responsive. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, checks on care workers to make sure they worked in line with policies and procedures and a programme of other checks and audits.

Summary of findings

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.

People told us they felt safe with their care workers and care workers understood their responsibility to keep people safe and report any suspected abuse. There were procedures for managing risks associated with peoples' care, a thorough staff recruitment process and a safe procedure for handling medicines. There were enough suitably experienced care workers to provide the support people required.

Good



Is the service effective?

The service was effective.

Care workers were trained and supervised to support people effectively. The provider and registered manager understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided. People who required support had enough to eat and drink during the day and received healthcare that supported their wellbeing.

Good



Is the service caring?

The service was caring.

People were supported by care workers who they considered kind and professional. Care workers ensured they respected people's privacy and dignity, and promoted their independence. Most people received care and support from consistent care workers that understood their individual needs.

Good



Is the service responsive?

The service was responsive.

The service people received was based on their personal preferences and how they wanted to be supported. Care plans were regularly reviewed and care workers were given updates about changes in people's care. People were able to share their views about the service and had no complaints about the service they received.

Good



Is the service well-led?

The service was well-led.

People were satisfied with the service provided by Plan-it Homecare. Care workers received support and supervision to carry out their role and had no hesitation raising concerns with the management team. The provider and registered manager provided good leadership and regularly reviewed the quality of service provided and how this could be improved.

Good



Plan-it Homecare 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 took place on 1 September 2015 and was announced. We told the provider we would be coming so they could ensure they would be in the office to speak with us and arrange for us to speak with care workers. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the

provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make. We contacted the local authority contracts team to get their views about the service.

Before the office visit we sent surveys to people who used the service and staff to obtain their views of the care and service they received. Surveys were returned from nine people, three relatives and nineteen staff. We also contacted people who used the service by telephone and spoke with seventeen people, (eleven people who used the service and six relatives). During our visit we spoke with two care workers, a field supervisor, a care co-ordinator, the operations manager, the registered manager and the provider.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with said they felt safe with their care workers. Returned surveys showed people who used the service felt safe from abuse or harm. Care workers understood the importance of safeguarding people who they provided support to. Staff had completed training in safeguarding adults and had a good understanding of what constituted abusive behaviour and their responsibilities to report this to the registered manager. They were confident the registered manager would act appropriately to protect people from harm. One care worker told us, "If I have any concerns I would record it and report it to the managers. They would look into it and refer it to the local authority." The provider protected people against the risk of abuse and safeguarded people from harm.

There was a procedure to identify and manage risks associated with people's care, such as risks in the home or risks to the person. Staff knew about the risks identified with people's care and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, care workers used equipment to support people who needed assistance to move around and undertook regular checks of people's skin where they had been assessed as at risk of developing skin damage.

Recruitment procedures ensured, as far as possible, care workers were safe to work with people who used the service. Care workers told us they had to wait until their Disclosure and Barring Service (DBS) and reference checks had been returned before they started working in the service. The Disclosure and Barring Service assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Records confirmed staff had DBS and reference checks completed before they started work.

There were sufficient experienced care workers to provide all the calls people who used the service required. At the

time of our visit the service supported 100 clients and employed 130 staff. Care workers told us that a senior member of staff was always available if they needed support. One support worker told us, "[The provider] and Vanessa [registered manager] are always available for advice or support, and there is an on call system so there is always someone to contact if needed."

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines. Those who said care workers assisted them with medicines felt this was done reliably and professionally. They also said care workers were efficient at keeping a record of their medication.

Where people needed support, it was recorded in their care plan so that care workers knew what support was required to meet the person's needs. For example, one person received most of their medication through skin patches. There were clear instructions for care workers about how to manage the patches and where these should be applied. Care workers we spoke with said they were confident administering medicines because they had received training and were regularly observed to make sure they were competent to administer medicines safely. We noted on one person's initial assessment that a family member put medicines in a 'dosset' box for care workers to administer. We spoke with the registered manager about this as this procedure is unsafe. Care workers should only administer medicines that have been dispensed by a pharmacist or health professional. The registered manager said this had been a very temporary measure until the pharmacist system had been set up and confirmed this would not happen in future.

There was a procedure to check medicine records to make sure there were no mistakes. Completed medication administration records (MAR) were returned to the office for checking to ensure care workers had administered medicines correctly. Records showed people had been given their medicines as prescribed.

Is the service effective?

Our findings

Most people told us their care workers had sufficient knowledge and understanding to care for them effectively. One person told us, “I can’t fault their training, it seems sufficient to me.” Another person said, “New care workers will always shadow a more experienced care worker for a couple of days, who also teaches them how to use my hoist.”

Care workers said they had completed an induction when they started to work in the service. This included training and working alongside a more experienced worker before they worked on their own. New care workers completed the training considered essential for care workers. This training included the Care Certificate standards introduced in April 2015. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

There was a programme of training for care workers as well as an expectation they complete a vocational qualification in social care. This included training to understand how to move people safely and how to safeguard people. The provider told us that 50% of the people who used Plan-it Homecare required end of life care. Care workers had completed training to support them in this role including, ‘Death, Dying and Bereavement’ training, pressure area care and peg feed management. A peg feed is a tube inserted directly into the stomach when a person is unable to eat and drink orally and all nutrition and medication is administered through the tube. Care workers told us they felt confident and competent to support people who used the service. One care worker told us, “We have regular updates in our training to keep our skills up to date. I’m due for a refresher in peg feeds; although I don’t have any clients with a peg on my care calls it’s good to update my skills in case it’s needed.” Another care worker told us, “I think we are well trained. I like the way they make sure I understand the training by checking my learning and my knowledge through supervisions. I have also completed an NVQ in care, which I found very helpful as it increased my confidence.” Care workers received the training to carry out their roles effectively.

Staff knowledge and learning was monitored through a system of supervision meetings and checks on their practice. Staff told us regular meetings with the registered manager provided an opportunity for them to discuss

personal development and training requirements. One care worker said, “We have regular one-to-one meetings where we discuss my training needs.” Regular meetings also enabled the registered manager to monitor the performance of staff, and discuss performance issues. The field supervisor undertook regular observations on staff performance in people’s homes to ensure care workers put their learning into practice. One person told us that some care workers did not always use the equipment required to move them safely. We discussed this with the provider and registered manager during our visit. They said they would look into this to ensure all staff maintained safe moving and handling practices. They also told us they were increasing the number of field supervisors to make sure care workers’ practice was observed frequently.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required. The registered manager told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. Although some people did lack capacity to make certain complex decisions, for example how they managed their finances, they all had somebody who could support them to make these decisions. Care workers we spoke with had completed training in MCA and knew they could only provide care and support to people who had given their consent. One care worker told us, “I always ask people if it’s okay before I do anything, for example I will say, I’ve come to give you a shower is that alright with you.” Care workers respected people’s decisions to refuse care where they had capacity to do so. One care worker explained how they would respond if someone refused personal care, they said, “I would try and encourage them to have a shower, but if they still did not want my help I would document it, inform the family and the office.”

Most people told us that they, or their next of kin, provided all their meals and drinks. People who were reliant on care workers to assist with meal preparation told us they were fully satisfied with how this was done. People told us food was prepared well, choice was given whenever possible and drinks were offered where needed. No one we spoke with was dependent on their care worker to provide all

Is the service effective?

their food and drinks. Care workers knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained.

People told us care workers helped them to manage their health and well-being if this was part of their care plan. One person told us their care workers were very good and they were confident they knew how to care for their constantly changing health needs. They told us, "My breathing can be very bad sometimes, and they keep an eye on me. Once they contacted my daughter as they were concerned, but

she was unavailable so they dialled 999. That has given me peace of mind for the future." Most people who used the service required continuing health care support as they had on-going health needs, for example, Parkinson's disease, strokes, or dementia, often resulting in end of life care. The service worked closely with other health professionals involved with people's care including district nurses, speech and language therapists, occupational therapists, and GPs. People were supported to manage their health conditions and had access to health professionals when required.

Is the service caring?

Our findings

People and relatives told us care workers were caring, considerate and treated them with dignity and respect. People felt their privacy was respected wherever possible.

Most people were satisfied with the care workers. One person told us the attributes for good care workers included the ability to listen and understand and continuity of care so they did not have to repeat instructions to new faces. As well as reliability, they told us staff should arrive within a reasonable time of when expected or let them know if they were delayed. They said, “‘Plan-it’ is one care provider who have so far met all these criteria.” The service received many compliments from people about the service provided. One person wrote, “I have been very impressed with all the carers that looked after my 95 year old mother. She had regular carers who exceeded my expectations in terms of their caring attitude.”

People had different experiences with consistency of staffing and did not always receive care from workers they knew well. A family member of a person who no longer used the service told us, “The staff were all lovely, but dad had a high turnover of carers. There was no ability to build up relationships with his carers.” A relative told us it made a difference to their family member when they had care workers they knew well, “When regular carers come we hear banter and laughter, which is so nice, but with others there’s not much chatting, that’s the part that’s sometimes missing.” We looked at the call schedules for three people who used the service and three care workers. These showed people were allocated regular care workers where possible. Care workers told us they supported the same people regularly and knew people’s likes and preferences. Care workers told us they knew people well enough to identify any changes in their support needs or general health so they could ensure these were addressed.

People told us they were supported to maintain their independence and the support they received was flexible to their needs. One person told us, “They always encourage me to do what I am able to do. I have good and bad days, so they will alter the care provided dependent on how I feel. It’s very flexible, which I’m grateful for.” People said care workers asked them how they wanted to be supported, and respected their decisions. A care worker told us, “When I’m providing support to people I explain what I’m intending to do, and ask permission to maintain their independence and privacy.” Another care worker told us, “I enjoy my job. I know people are being cared for properly with dignity and respect.”

Care workers we spoke with had a good understanding of people’s care and support needs. We were told, “I have time to read care plans and have time to talk with people when I’ve finished.” People said care workers completed the tasks they expected them to before they left, although some people said care workers seemed to rush at times. Care workers said they were allocated sufficient time to carry out their calls without having to rush and had flexibility to stay longer if required. Information in returned surveys showed care workers did not always stay the agreed amount of time, but completed all the tasks they were expected to before they left.

People told us they had been involved in planning their care. They said their views about their care had been taken into consideration and included in their care plans. We saw staff held review meetings with people to ensure the care provided continued to meet their needs.

Care workers understood the importance of maintaining people’s confidentiality. Care workers told us they would not speak with people about others, and ensured any information they held about people was kept safe and secure.

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and that the service they received met their needs, choices and preferences. Care workers we spoke with had good understanding of people's care and support needs. We were told, "We have time to read care plans and sit and talk with people so you get to know what they need and what they like," and, "We know about clients because we have time to read care plans and they are always up to date." Care workers told us they referred any changes to people's care to the office staff or registered manager, and plans were reviewed and updated quickly so they had the required information to continue to meet people's needs.

Most people told us they usually received their care around the times expected, although some people said call times could be inconsistent. Care staff told us they had regular scheduled call times and had enough time allocated to carry out the care and support required. Some staff said they only received confirmation of their call schedule two days before visits so were unable to confirm with people if they would be calling regularly. One person told us, "I never know who's coming in. I would really like a rota as I suffer from anxiety, and this would really help me. The girls say they only get their runs the day before, so we are not going to know in advance are we?" We asked the registered manager about this, they told us due to the nature of the end of life service it was not possible to confirm care workers call schedules too far in advance. If people remained well, calls were scheduled to regular care workers. People who were not receiving an end of life service had consistent care workers allocated to their calls. We looked at the call schedules for the people whose care we reviewed. Calls were allocated to regular care workers and had been scheduled in line with people's care plans.

Information from staff surveys indicated some staff thought calls could be scheduled more effectively. Information included, "They need to structure the runs in a way that is easier for drivers (care workers) to go from one home to another with as less travelling as possible. Some runs have too much travelling involved; which makes the carers rush to get there on time. I think the best solution will be to get local carers for areas they are providing care for." We discussed this with the registered manager who told us, calls were scheduled in geographic areas but they were

also scheduled in relation to peoples' preferred call times. This meant people who lived in the same area might not have calls allocated consecutively to care workers. The registered manager said they would make staff more aware of this so they would understand how calls were scheduled.

Staff told us if there was an unexplained delay for example, traffic hold ups they may arrive a little later than expected. Staff said they either phoned the person or asked the office to let people know they were running late. People we spoke with told us this didn't always happen.

We looked at the care files of three people who used the service. Plans were individualised and provided care workers with information about the person's preferences and how they wanted to receive their care and support. Plans were reviewed and updated regularly and people were involved in reviews of their care.

We looked at how complaints were managed by the provider. The Provider Information return told us, "Complaints are listened to, investigated and acted upon within appropriate timescales. All clients are supplied with a copy of the complaints procedure and an explanation given of how they will be managed." We found this was taking place.

People and their relatives knew how to make complaints and said they would telephone the agency's office if they wanted to complain or raise a concern. One person we spoke with told us they had phoned the office about a concern and that the situation had been dealt with to their satisfaction. Responses from surveys and care workers spoken with said they would refer any concerns people raised to the registered manager or provider and they were confident concerns would be dealt with effectively.

There had been one formal complaint received which had been recorded and investigated in a timely manner. Records showed the service took complaints and concerns seriously and monitored these for any trends or patterns. We were told that concerns received recently showed inconsistency with care worker arrival times and continuity of staff at weekends. To address this the provider had recruited two further office staff to work weekends. Both people had a background in care and were able to deliver personal care to people should the need arise. The office opening times had been extended to seven days a week so that coordinating calls continued the same way at

Is the service responsive?

weekends as in the week. This had reduced the inconsistency of calls at weekends. The provider took concerns and complaints seriously and learned from them to improve the service.

Is the service well-led?

Our findings

People told us they were satisfied with the service they received, comments from people included, “The care the company provides is very good,” and, “I am more than satisfied with the care provided for my husband.” Another told us, “What sets them apart is they seem to treat their care staff fairly. None seem to be rushed, time between calls is allowed for and most carers have cars that are provided by the company. They seem to be happy with their working conditions. That is how it should be and I would recommend 'Plan-it', it gives me peace of mind.” The service had received many thank you cards and compliments about the service provided, one person wrote, “Thank you Plan-it Care for the care, compassion and the wonderful way you treated mum during her illness.”

Staff told us they felt well supported to carry out their roles. Comments received included, “I am extremely happy with the support and training I have received from Plan- it. The staff in the office are efficient and are always available to answer any queries I may have,” and, “I am very happy working for this company. I have received my training and feel supported by all the office staff. Any queries or questions I have are resolved very quickly.”

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the PIR which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

The providers information return (PIR) told us, “We have an open door policy at the office. Staff can visit and are made to feel welcome and comfortable to express concerns, and we have a whistleblowing policy that staff are trained to use. We monitor performance with the supervision and observation process and are consistent and transparent in what we do. We provide training and offer continuous learning to support staff to provide the best possible care.” Care workers confirmed this was taking place. All staff who responded to the survey and who we spoke with told us they would feel confident about reporting concerns or poor practice to the registered manager or the provider. Staff we

spoke with were aware of the providers whistle blowing procedure and were confident reporting any concerns or poor practice to their managers. They were certain any concerns they raised would be listened to and acted on.

The provider had a clearly defined management structure in place. Staff understood their roles and responsibilities and what was expected of them. Daily handover meetings took place with the registered manager and other senior team members, to discuss any changes to staff rotas, visit times, and people’s care and support needs. This made sure senior staff had up to date information about the services’ current needs. Care workers knew who to report concerns to and who was responsible for providing supervisions. Care workers confirmed they had regular work supervision including observed practice supervision by the field supervisor who gave feedback if they noticed areas that needed improvement. The field supervisor told us they undertook regular observations on staff performance in people’s homes to ensure standards of care were maintained. There was an experienced management team that provided regular support to care workers.

The provider PIR told us, “The service was always looking at ways we can improve and were members of the Solihull Workforce in Care Development Association. This organisation keeps us up to date with local council policy. It provides information in newsletter format, regular email with training calendars for the year and key staff had attended meetings on safeguarding and the new Care Certificate.”

From the surveys we received and conversations we had with staff and people who used the service, people confirmed the management team provided a culture where people and staff felt valued, respected, and able to voice their opinions. All people surveyed told us they knew who to contact in the agency if they needed to. People, their relatives, and staff were asked to give feedback about the quality of the service and were asked whether the service was meeting their expectations. People were able to share their views and opinions through reviews of their care, spot checks on staff and quality assurance surveys. We looked at recent returned surveys from people. Comments included, “I am extremely happy with the carers. The young ladies have been respectful and professional at all times.” I am very pleased with the service; the carers have a lovely attitude. They have taken on board any requests that have been made.”

Is the service well-led?

The provider had recently implemented a staff suggestion box. Some staff feedback indicated care workers did not always feel they were listened to or were given feedback from people who used the service about the care they provided. The provider had introduced a feedback card for people who used the service so they could leave comments on the provider's website. Any comments were fed back to the care worker concerned. Feedback was analysed for any trends or patterns in the information received, so that the provider and registered manager could continuously improve the service.

The provider used a range of quality checks to monitor the service people received. This included reviews of peoples

care, as well as regular staff training and checks on staff practice. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. The registered manager and the provider played an active role in quality assurance and ensured the service continuously improved.

We contacted the local authority who contract with the service to ask for their views about Plan-it Homecare. They told us an issue had been identified recently in regard to medication management, which had been dealt with satisfactorily by the provider.