

Careplus Care (UK) Limited

# Care Plus Care (Isle) Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 24 and 27 July 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and people with physical disabilities or illnesses.

Not everyone using Care Plus Care (Isle) Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 42 people were receiving a regulated activity.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. We found the well-led domain had deteriorated to Requires Improvement.

Systems and process were not always effective in identifying shortfalls and had not always been successful in improving the quality and safety of the service. In addition, there was not always an accurate, complete and contemporaneous record for people. We made a recommendation about improving this.

People were protected from abuse and avoidable harm, by staff who knew how to keep people safe. People were supported to receive their medicines safely, although some minor recording errors had not been identified through audits, plans were in place to address this.

Staff received effective levels of supervision and support and were recruited safely. Staff had completed an induction and a range of training to equip them with the skills and abilities to meet people's needs. People were supported to access healthcare and attend appointments. For those who required assistance with their nutritional needs, support was provided to maintain a diet of their choosing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they were supported by regular staff, which provided continuity of care. Staff were caring and understood the importance of confidentiality and respected people's privacy. People were supported to be independent and were treated with respect.

Staff assisted people in line with their preferences and were knowledgeable about people's needs and preferred routines, to provide individualised care.

There was a registered manager in post who has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was also a care manager who carried out the day to day running of the service. People and staff told us the care manager was very approachable and they felt listened to. People were aware of how to make a complaint and these were responded to appropriately.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

# Care Plus Care (Isle) Ltd

## 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.

This was a comprehensive inspection which took place on 24 and 27 July 2018 and was carried out by an inspector. This inspection was announced on both days. We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available during the inspection, so we could access relevant records at the service's office. We also spent time speaking with people using the service, relatives and other members of staff on the telephone to gain their views.

Before the inspection we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service. We also contacted the local authority safeguarding and commissioning teams.

We looked at five people's care records and three medication administration records (MARs). We also looked at a selection of documentation in relation to the management and running of the service. This included stakeholder surveys, quality assurance audits, complaints, recruitment information for three members of staff, staff training records and policies and procedures.

We spoke with three people who used the service and five relatives. We spoke with six members of staff including the registered manager and care manager.

# Is the service safe?

## Our findings

Staff understood how to protect people from harm. They were aware of the different types of abuse and the signs they needed to be aware of which could indicate concern. A member of staff said, "I report all my concerns to the office." Another said, "If you know the person you can pick up signs easily, which may cause concern." The care manager was aware of how to report concerns to the local safeguarding team and kept a log of the referrals they had made and the outcomes following this. Staff had received safeguarding training and were aware of the whistleblowing policy.

People received their medicines safely. People's medication needs were identified during the assessment, before receiving a service. If people required support, staff administered people's medicines and recorded this on a medication administration record (MAR). We found there were some minor recording errors on some of these. One person's medicine was recorded incorrectly on the MAR and medicine label. We highlighted this to the care manager who addressed this.

Risk assessments were in place for moving and handling and falls. Risks in people's home environments had also been considered before people received a service.

Staff were recruited safely. Pre-employment checks had been completed for staff, including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

There were sufficient staff to meet the care packages agreed. The registered manager explained they continuously reviewed the service, so they only started new packages of care when they had staff hours available to facilitate this. There was an on-call system so people, relatives or staff could access urgent support at any time.

Systems were in place to protect people from the spread of infection. People and their relatives told us staff used personal protective equipment (PPE) when appropriate and we saw this was available for staff to access from the office. Staff competency was tested in this area through 'spot check visits'. Through this system it was identified some staff had forgotten PPE on occasion. This was being addressed through supervision and monitoring staff's usage.

Appropriate record systems were in place for accidents and incidents. For the people whose care records we reviewed, no accidents or incidents had occurred, but we saw there was space for this to be recorded if needed.

# Is the service effective?

## Our findings

People's needs were assessed before receiving a service. Their outcomes were identified and appropriate support was arranged to meet people's needs.

Staff received an induction when starting in their role, which included shadowing other members of staff before providing support on their own. A member of staff told us, "I had an induction which included shadowing. I received lots of support." Another said, "The new training online is much better; it's absolutely brilliant. Things change so you have to retrain." We checked the training records and found staff had received training to equip them with the required skills to provide effective support.

Staff told us they felt supported in their role. A member of staff said, "I have learnt so much. We get supervision time booked on the rota and we have weekly chats with [care manager's name]." Staff received regular supervisions and a yearly appraisal.

People's nutritional needs were met. Dependent on their needs and preferences, people were supported with meal preparation and shopping. One person said, "Staff make me anything I want. One of them cooks a beautiful steak." People were offered choices and encouraged to maintain a healthy, balanced diet.

Staff worked in partnership with other health professionals and supported people to maintain their health needs. For some people, this involved being supported to attend health appointments and/ or liaising with professionals in the community. Staff told us how they would recognise a deterioration in people's health and how they would respond to manage risks, such as pressure ulcers and urine infections. A relative told us, "Staff are very good at getting district nurses and the GP out whenever needed."

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, 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. Staff had awareness of the MCA and its application. Most people receiving a service had capacity to make their own decisions and/or somebody legally able to act on their behalf. People had signed consent to receive a service from Care Plus Care (Isle) Ltd in their records. They had also signed consent to have their photograph taken and stored in their records. Copies of lasting power of attorney (LPA) were requested and kept on file where this was in place.

# Is the service caring?

## Our findings

People told us they were supported by kind and caring staff. One person told us, "I can't fault staff, they are really good." Another said, "Staff are brilliant." A relative told us, "It is a very good service and staff are very considerate."

There was a caring ethos where independence was promoted. A member of staff told us, "The aim of the service is to keep people at home for as long as possible and to receive the care they deserve. One person said, "Staff help me to be as independent as I can be."

Staff were able to describe to us how they protected people's privacy and respected their dignity, giving examples of how they did this such as making sure people's doors and curtains were kept shut when providing personal care. One person told us how staff respected their wishes to not wear a uniform when they assisted them in the community. This meant their privacy was respected. One person said, "Staff help me with washing, dressing and cooking. I don't want someone coming in and feeling sympathy for my illness. I have banter with the staff and they make me feel comfortable. Staff are marvellous."

Staff were able to explain how they encouraged people to maintain their independence and facilitated people's ability to develop and maintain skills. A member of staff said, "If people are able to do it, I try and keep them involved. For example, I will try and encourage them to wash their hands and face, or help them make a cup of tea or sandwich. I help them choose their own clothing and explain what is happening when I support them."

Staff were able to tell us about how they supported people in line with their preferences and preferred routines. A member of staff told us, "We have specific rounds and get to know people well and become familiar with their needs." This enabled people to receive person-centred care, as staff got to know how people wished to be supported.

The care manager told us, "We have a lot of local staff which is good. In most cases we try and accommodate people being supported by the same group of carers, to provide consistency." People told us they were regularly supported by the same members of staff. Some people mentioned staff could be late at times, however most said they would let them know if they were going to be late. The care manager told us they were working on improving this. One person said, "Staff always let me know who is coming and let me know if they are going to be late. I have fairly consistent staff who support me." Another said, "I am supported by regular staff; it is normally the same staff."

Staff were aware of equality and diversity and respected people's individual needs and circumstances.



## Is the service responsive?

### Our findings

People's care and support was planned to meet their needs and they could contribute to the development of their plan. Staff told us they understood people's needs and described positive relationships with people and their relatives.

People were provided information in the 'care information guide' which they were given with when they first received a service, explaining reviews could be requested at any time. People told us they were happy with their care plans and had access to these at any time, as a copy was kept in their home. These were kept updated by one of the senior members of staff. Care plans evidenced people's communication needs and information was presented in an accessible format.

Staff had regard for what was important to people and had awareness of their preferences and preferred routines. They were knowledgeable about people's needs and could provide person-centred care as a result. However, records were not always person-centred and did not reflect people's individual circumstances. We found one person whose records we reviewed had diabetes which was self-managed, but there was no information about how this affected them. Another person who was supported with personal care had varying health, which meant some days they needed more assistance than others. These details were not reflected in their care plan, although staff were knowledgeable about this and the varying levels of support required as a result. As people were well known we found the impact of this was low. We shared this with the care manager who started to improve the quality of people's care plans following the inspection.

People told us the care manager was easy to get in touch with if they had any issues which required responding to. People using the service and staff had access to an out of hour number so any concerns could be addressed. A member of staff said, "There is an on-call phone available and staff know to call if it's available."

People told us they knew how to raise concerns and were confident these would be responded to. One person said, "I would complain if I needed to, but I have no complaints." People were provided information about how their complaint would be managed. We saw positive feedback had been received, as well as some complaints, which had been responded to appropriately.

Staff responded to people's individual needs and provided choices. Care plans contained some information about people's likes and dislikes and activities they enjoyed. People were supported to maintain relationships and access community services, where this need was identified in their assessment.

At the time of this inspection, the provider was not supporting people with end of life care. Staff knew what provisions would be put in place to support people to have a pain free and dignified death.

## Is the service well-led?

### Our findings

There was a registered manager who was not based at the office. The day to day running of the service was undertaken by the care 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. The registered manager kept in contact with the care manager and supported them in their role.

We found some aspects of the service were not well-led. There were systems to identify shortfalls in people's care records, however when shortfalls were identified, there was not always an action plan to address these. Therefore, the potential to drive improvement was lost. We found gaps in people's care records which required further development.

Systems and processes were not always effective in identifying shortfalls and had not always been successful in improving the quality and safety of the service. Audits were regularly being completed by the care manager. However, they had already identified some audits required improvement. This included the checking of medication administration records (MARs). The care manager showed us a new audit tool they would be using to identify errors and strengthen their checks, as a recording error had not been identified by the existing system.

They had also identified some gaps where quality could be improved. For example, the care manager told us people were offered the choice to complete end of life care plans. However, they did not record this. The care manager showed us how they would keep a record of this in future. The registered manager had already been implementing this system elsewhere, although had not shared this with the care manager. The care manager was taking steps to develop the governance system to help drive improvement and ensure shortfalls were addressed.

We made a recommendation that the registered manager ensure accurate, complete and contemporaneous records for people are in place and held at the service.

Systems were in place to monitor the care people received. Care workers were observed in their usual work practice through 'spot checks'. These were to check that staff were working to the required standards and completed periodically.

People told us they felt listened to. We saw the views of people using the service and the staff were requested through an annual survey, to help drive improvement. Positive feedback was received and there were actions in place to address negative feedback.

Staff told us communication was good. A member of staff said, "I come into the office every day." There were regular means of sharing information including team meetings, supervisions, texts, phone calls and staff visited the office at least weekly so information was communicated well between staff and the care

manager.

Staff told us the care manager was approachable. A member of staff said, "I can talk to [care manager's name] at any time." Another said, "I think we have good management and work well as a team."

There was a positive culture within the service. The care manager described the service as, 'family orientated'. A member of staff said, "It's a really close-knit team. I think it's brilliant." Another told us, "Everyone is lovely, everyone helps each other out."