

Care Plus Homecare Services Ltd

# Care Plus Homecare Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection was announced and took place on the 18 April 2016. A second day of the inspection took place on 19 April 2016 in order to gather additional information.

The agency was previously inspected in February 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Careplus Homecare Services is a domiciliary care agency provided by Careplus Homecare Services Ltd. The service operates across Handforth; Wilmslow; Alderley Edge and Congleton. The service was providing the regulated activity 'personal care' to approximately 86 people with a broad spectrum of needs during our inspection.

At the time of the inspection there was a registered manager at Careplus Homecare Services Ltd. 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 managing director and registered manager were present during the two days of our inspection and engaged positively in the inspection process, together with other members of the office management team and staff.

People told us that the service they received was generally reliable and that staff were friendly and polite. People also reported that staff respected their preferred routines, preferences and lifestyle and that staff interactions were positive, responsive to need and caring.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take as the back of the full version of the report.

We found that people were not adequately protected from the risks associated with unsafe medicines management and that staff had not completed all the necessary induction, mandatory and other key training relevant to their roles.

Furthermore, we found gaps in the agency's quality assurance system and that the needs of people using the service had not been comprehensively assessed, planned for or reviewed

Systems had been developed to ensure complaints were listened to and acted upon and to safeguard vulnerable people from abuse. Although incidents of abuse had been referred to the local authority's safeguarding team, the provider had failed to notify CQC via the statutory notification process. We have

written to the provider regarding their failure to notify the CQC.

We have also made recommendations regarding the development of the agency's policies and procedures (to include a Mental Capacity Act policy).

## 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 not always safe.

People were not protected from the risks associated with unsafe medicines management.

Risk assessments were brief and in need of review to ensure staff were aware of current risks for people using the service and the action they should take to manage them.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had not completed all the necessary induction, mandatory and other training that was relevant to their roles and responsibilities.

Staff did not have access to policies or training in the Mental Capacity Act and lacked insight into this protective legislation.

Staff were aware of the need to promote people using the service to have a healthy lifestyle and to maintain hydration and good nutritional intake.

Systems were also in place to liaise with GPs and to involve other health and social care professionals when necessary.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People were treated with dignity and respect by staff who cared about their health and welfare.

**Is the service responsive?**

The service was not always responsive.

Records showed that needs of people using the service had not been comprehensively assessed, planned for or reviewed

**Requires Improvement** ●

**Is the service well-led?**

The service was not always well led.

Systems had not been established to audit and review key aspects of the service.

The CQC had not been notified of incidents concerning the suspicion or evidence of abuse.

The service had a registered manager.

**Requires Improvement** ●

# Care Plus Homecare Services 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 checked whether the provider was 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 18 April 2016 and was announced. A second day of the inspection took place on 19 April 2016 in order to gather additional information. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The inspection was undertaken by two adult social care inspectors 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 service, in this case of people requiring domiciliary care.

Before the inspection the provider completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about Careplus Homecare Services Ltd. We also looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We also invited the local authority's contract monitoring team to provide us with any information they held about the service. We took any information provided to us into account.

During the site visit we spoke with the managing director, registered manager, a care coordinator and 15 care staff. We also contacted 26 people who used the service and 15 relatives by telephone and undertook home visits by invitation to speak with three more service users.

We looked at a range of records including eight care files belonging to people who used the service. This

process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas and / or visit schedules; staff training and audit documentation.

# Is the service safe?

## Our findings

We asked people who used the service or their relatives if they found the service provided by Careplus Homecare Services to be safe.

People spoken with confirmed that they felt safe. Comments received from people using the service or their representatives included: "I feel safe"; "They make sure I take my medicines when needed" and "She is kept as safe as is possible within the constraints of the system."

The provider had developed guidance for staff responsible for administering medication to reference entitled 'Assistance with Medication Support Workers Policy'. Likewise, a 'Medication Policy for Customers' had also been produced.

Discussion with staff and examination of training records confirmed staff had received medication training, which had been refreshed periodically. We saw no evidence that medication competency assessments had been completed by staff prior to administering medication and periodically thereafter.

We noted that personal files contained 'medication prescription records' and medication assessment forms for people who had opted to receive support with medication from the agency's staff. These files outlined the level of assistance required and details of medication to be administered.

We looked at a sample of handwritten medication administration charts which identified a number of issues such as: unexplained gaps; signatures not always being used; prescribed instructions not recorded in detail and no evidence that they had been checked or countersigned. Furthermore, recording codes and balances brought forward had not been recorded.

Furthermore, auditing systems had not been established to enable the registered manager to monitor, identify and take appropriate action in response to medication management and recording issues.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure effective systems for the safe management of medicines.

We looked at the files of eight people who were supported by Careplus Homecare Services. We noted that basic risk assessment information had been developed such as home risk assessments; medication assessments; nutrition and dependency assessments and manual handling assessments (where applicable). The information contained within was not particularly person centred, as the agency used a tick box approach using yes or no answers.

Systems were in place to record any accidents, incidents or near misses that occurred on a form which was stored within an office file. The manager maintained an overview of incidents which identified action taken. We discussed the advantage of also recording lessons learnt to ensure best practice.



A basic 'business continuity plan' had been produced which outlined the action that would be taken in the event of a total power failure, pandemic, internet down time and / or loss of office. Furthermore, an out of hours on call service was in operation and employers and public liability insurance was in place.

At the time of our inspection the Intermediate Careplus Homecare Services was providing personal care to 86 people who were living within the Wilmslow and Congleton areas. The service employed one registered manager; a care coordinator and 33 staff who worked variable hours subject to the needs of the people using the service. The owner / managing director was also actively involved in the operation of the agency.

The owner and registered manager confirmed that the agency had sufficient capacity to meet the needs of the people using the service and that contingency plans were in place to cover vacancies and staff absences. We were unable to assess the reliability of the service as information on missed visits had not been recorded on a central system and was stored within individual records. The management assured us that they would develop their management information systems to ensure this information was easily accessible. Systems to monitor the quality and effectiveness of the service are discussed more fully in the "well led" section of this report.

The service used an electronic database known as CARAS to plan rotas and deploy staff; store client and staff information and to record personal details and notes.

We looked at the system with a care coordinator and sampled some schedules undertaken by staff. We found that staff were not allocated travelling time in-between visits and raised this issue with the owner and registered manager as there is the potential for 'call cramming' to take place if travelling time is not included in schedules. The management team acknowledged that if travelling time is not included within staff scheduling, the only way to get to appointments on time is to leave early or arrive at the next visit late, unless the next visit is within close proximity.

Packages of care varied according to each individual's need. The registered manager and care coordinator informed us that wherever possible the service endeavoured to deploy the same staff to support people using the service however this could sometimes change due to annual leave, sickness, staff training or when staff had moved on to new jobs.

The registered provider had developed a recruitment and selection policy to provide guidance for management and staff responsible for recruiting new employees.

We looked at a sample of four staff files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were application forms; two references; disclosure and barring service (DBS) checks; proof of identity including photographs, interview notes and health declarations.

All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Care Plus Homecare Services. This helped protect people using the service against the risks of unsuitable staff gaining access to work with vulnerable adults.

The registered provider had developed a policy on safeguarding and adult protection to provide guidance to staff on how to protect people from abuse. A copy of the local authority's safeguarding procedure was also available for reference together with a basic whistleblowing procedure.

The Care Quality Commission (CQC) had received no whistleblowing concerns in the last 12 months. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

Discussion with the registered manager and staff, together with a review of training records confirmed staff working within the service had access to 'Safeguarding of vulnerable adults' training which had been refreshed periodically.

We viewed the safeguarding records for Careplus Homecare Services. Records indicated that there had been 13 incidents, which had been referred to the local authority by the service as safeguarding concerns.

A log record had not been developed to enable the manager to maintain an overview of incidents. We noted that whilst safeguarding concerns had been referred to the local authority the outcome of some safeguarding incidents was not clear. Furthermore, the registered manager of Care Plus Homecare Services is required to notify the CQC of certain significant events that may occur.

We noted that the provider had not notified the CQC of any incidents or allegations of abuse in relation to people using the service. We have written to the provider regarding their failure to notify the CQC.

Management and staff spoken with demonstrated an awareness of the different types of abuse and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated a sound awareness of how to whistle blow, should the need arise.

The provider had developed a brief 'Infection Control', 'Health and Immunisation' and an 'Infectious Disease Policy' for staff to reference. Staff spoken also reported that they had access to personal protective equipment for the provision of personal care.

We found no evidence that staff had received training in infection control other than food hygiene training.

## Is the service effective?

### Our findings

We asked people who used the service or their relatives if they found the service provided Careplus Homecare Services to be effective. People spoken with were of the opinion that their care needs were met by the provider.

Comments received from people using the service or their representatives included: "I would be lost without the service"; "I look forward to the staff visiting me" and "All the staff are very good. Some are better than others."

Six people raised concerns regarding evening calls being too early. We raised this feedback with the management team who agreed to look into the issues raised.

Examination of training records and discussion with the registered manager and staff confirmed staff had access to a range of induction, mandatory, national vocational / diploma level qualification and other role specific training that was relevant to individual roles and responsibilities such as dementia care and end of life.

The registered manager informed us that induction 'core module training' was delivered via videos and that she had a 'train the trainer' certificate to deliver moving and handling training. We saw evidence of this in the office.

We viewed the agency's staff induction guidance which highlighted that the training was delivered in modules over six, three hour training sessions, however no details of care related training was identified on the programme.

We also noted that staff had not been inducted in accordance with Skills for Care induction standards. The registered manager reported that the agency was in the process of supporting all staff to complete the 'Care Certificate' and that the related documentation had recently been distributed to staff working in the Wilmslow office.

Discussion with staff and examination of the training matrix confirmed staff had not completed training in mandatory subjects such as fire, infection control and first aid. Other key training such as the Mental Capacity Act was also not provided and significant gaps were noted for end of life and dementia care training.

Information recorded within the provider information return (PIR) also provided conflicting information with records held in the agency's office. For example, the PIR detailed that 19 staff had completed training in the prevention and control of infection and equality and diversity training however the training matrix did not include this information and staff spoken with did not report completion of this training either.

This was a breach of Regulation 18 (1) (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014. The

registered provider had failed to ensure that all staff had received appropriate training for their role.

The majority of staff spoken with confirmed that they felt supported in their roles by the owner and registered manager and informed us that they had attended team meetings and received formal supervision / appraisal. Monitoring systems for staff meetings, supervision and appraisals had been developed.

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.

We checked whether Careplus Homecare Services was working within the principles of the MCA. We noted that the provider had not developed corporate policies and procedures to provide guidance for staff on the MCA.

Furthermore, staff spoken with told us that they had not received training in the MCA and lacked awareness of this protective legislation.

The registered manager demonstrated an awareness of the need to liaise closely with care management teams, formal appointees and relatives in the event a mental capacity assessment was required for a person using the service.

This was a breach of Regulation 11(1) of the HSCA 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that all staff had the knowledge to work within the framework of the MCA to ensure that care and treatment of service users was always provided with their consent.

We spoke with the management team and staff regarding the promotion of healthcare, hydration and good nutritional intake within the context of person-centred care and respecting people's rights to choose what they eat and drink.

We noted that a policy on food and nutrition had been developed to provide guidance to staff and that daily recording notes contained a record of meals and drinks prepared. Staff had also completed food hygiene; principles of care and other key training to help them understand the needs of the people they cared for.

Staff spoken with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an ongoing basis. Systems were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

## Is the service caring?

### Our findings

We asked people who used the service or their relatives if they found the service provided by Careplus Homecare Services to be caring. People spoken with confirmed the service they received was caring.

Comments received from people using the service or their representatives included: "As far as I can see when I am at my mums she is treated well"; "The girls are very nice, kind and considerate"; "He trusts the staff to help with showering and dressing" and "The staff are very careful with his feelings and treat him with dignity."

Due to the service being a domiciliary care agency we were unable to undertake observations of the standard of care provided to people using the service. However, people spoken with told us that the staff understood how to help them and confirmed they were treated with dignity, respect and privacy.

People told us that the service they received was generally reliable and that staff were friendly and polite. People also reported that staff respected their preferred routines, preferences and lifestyle and that staff interactions were positive, responsive to need and caring.

We asked staff how they promoted dignity and privacy when providing care to people using the service. Staff spoken with told us that they had received training on the principles of care as part of their training which had helped them to understand how to provide care in accordance with people's wishes and needs.

Staff spoken also reported that they had been given the opportunity to shadow experienced staff to get to know the people they cared for. Staff were able to give examples of how they promoted good care practice such as knocking on doors and waiting for permission before entering people's homes; speaking to people using their preferred name; asking people how they wished for care and support to be delivered before offering assistance and to support their health and wellbeing.

Both management and staff spoken with demonstrated a commitment and passion for the delivery of good quality care to people using the service.

Information about people receiving care provided by Care Plus Homecare Services Limited was kept securely to ensure confidentiality.

## Is the service responsive?

### Our findings

We asked people who used the service or their relatives if they found the service provided by Careplus Homecare Services to be responsive to their needs. People spoken with confirmed the service was responsive to their individual needs.

Comments received from people using the service or their representatives included: "My wife would complain if there were any problems"; "I feel comfortable with the care I'm being given" and "If I had any problems I would phone the owner or manager."

We requested permission to view eight care service files (a file stored at the office or kept within each service user's home) which contained a range of information relevant to the service provided to each individual by the agency.

Files viewed were disorganised and contained minimal information about the needs of people using the service and the support they required from staff.

Detailed assessment of needs and care plans had not been undertaken by the provider for people using the service without any care management involvement. This meant staff had very basic information on the needs of the people using the service and how to deliver person centred care.

This finding was contrary to the agency's 'Customer Care Planning Policy and Protocol' which stated "Following the care needs assessment, and in conjunction with a risk and manual handling assessment a complete and comprehensive care plan should be originated."

Supporting documentation such as basic: task plans; customer care support plans; customer home risk assessments; nutrition and dependency assessments; manual handling assessments (where applicable); service user agreements and communication records were also in place.

We noted that some documents had not been signed or dated and there was no evidence of regular review of records. People using the service or their representatives confirmed they had been involved in the care planning process and agreed the level of care to be provided.

We discussed the findings with the management team who assured us that they would take action to introduce a robust assessment and a care planning tool to ensure more detailed person-centred information was developed for staff to reference.

This was a breach of Regulation 9 (1) (3) (a) & (b) of the HSCA 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that appropriate procedures were in place to assess the needs of people using the service and to plan in detail how to meet them.

The registered provider had developed a complaints procedure to provide guidance to people using the

service or their representatives on how to make a complaint.

We viewed the complaints records for the service. Records detailed that there had been three complaints in the last 12 months. Appropriate action had been taken by the provider for each incident and confirmed that complaints were addressed in a timely manner by the service.

No complaints, concerns or allegations were received from the people using the service during our visit. People using the service and / or their representatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to.

## Is the service well-led?

### Our findings

We asked people who used the service or their relatives if they found the service provided by Careplus Homecare Services to be well led. People spoken with confirmed they were happy with the way the service was managed. No direct comments were received.

Care Plus Homecare Services had a manager in post that had been registered with the Care Quality Commission since December 2014.

The registered manager and the managing director were present during the two days of our inspection and engaged positively in the inspection process, together with another member of the office management team.

Discussion with the registered manager confirmed she had experience in the adult social care sector and had completed the level five Diploma in Leadership for Health and Social Care.

We asked the registered manager to share with us information on the organisation's quality assurance processes and systems.

We were informed that an annual customer survey was undertaken to obtain feedback from people using the service or their representatives. The survey asked a range of questions such as: the length of time a person had been in receipt of the service; whether written information had been received on the service; whether a needs assessment had been completed prior to the service commencing and a care plan produced if it had been reviewed; consistency, performance and reliability of staff; experience of communicating with office staff and general feedback on the service.

A written summary report had been produced following the return of surveys distributed during October 2015. The written analysis described a position statement by the provider for each question rather than an overall analysis of feedback received. One question stated "Our recent survey indicated that the majority of our customers were very satisfied with the service they receive . . . .A majority of customers felt that their needs were being met by staff."

A pie chart had also been produced to provide a breakdown of the overall responses. The chart indicated that feedback was generally positive for each question however care plan reviews, notification of late arrival and / or changes to support workers were scored lower. At the time of our visit an action plan had not been produced to demonstrate what action the provider intended to take in response to feedback received. This is necessary to demonstrate that feedback had been listened to and is being acted upon.

We were informed that customer visits had also been undertaken periodically by the management team. We noted that eight 'Customer feedback forms' had been completed in the last 12 months. The managing director told us that more of these visits had taken place however the information had not always been recorded.



We asked whether there were any other management information systems or audits in place to monitor other aspects of the service such as care plan records; staff records; missed visits; medication checks; staff training or infection control. At the time of our visits no other auditing systems had been established. This was a breach of Regulation 17 (1) (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that effective systems were in place to assess, monitor and improve the quality of the service.

We also noted that key policies and procedures were either missing, basic or in need of review to provide more detailed guidance to staff.

Periodic monitoring of the service is also undertaken by Cheshire East Council's Contracts and Quality Assurance team (this is an external monitoring process to ensure the service meets its contractual obligations). The last visit had been undertaken in July 2015. We contacted the local authority for an update prior to undertaking our inspection and were informed that the only outstanding action related to staff training.

The manager of Care Plus Homecare Services is required to notify the CQC of certain significant events that may occur. We found that the provider had not always notified the CQC of any incidents or suspicion of abuse in relation to people using the service. We have written to the provider regarding their failure to notify the CQC.

Information on Careplus Homecare Services had been produced in the form of a combined Service User Guide and Statement of purpose to provide people using the service and their representatives with key information on the service. A copy of the document had been stored within each person's home file.

We recommend that a review of the agency's policies and procedures is undertaken to provide more detailed information for staff to reference and that staff sign up to confirm they have read and understood the policies.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider had failed to ensure that appropriate procedures were in place to assess the needs of people using the service and to plan in detail how to meet them.</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider had failed to ensure that all staff had the knowledge to work within the framework of the MCA to ensure that care and treatment of service users was always provided with their consent.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure effective systems for the safe management of medicines.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure that effective systems were in place to assess, monitor and improve the quality of the service.</p>

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider had failed to ensure that all staff had received appropriate training for their role.