

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?

Good 

Overall summary

Care Plus Care Isles Ltd is a domiciliary care agency which is located in Althorpe on the Isle of Axholme. The service provides personal care and support to people living in their own home.

This was the first inspection of this service which was registered with the Care Quality Commission [CQC] in April 2014. Before this inspection, which took place on the first of December 2015 we contacted the registered manager to tell them we would be inspecting the service. This ensured that they were present for the inspection.

The service is required to have 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.

Summary of findings

Staff understood they had a duty to protect people from harm and abuse. They knew they must report concerns about abuse to the management team, local authority or to CQC. This helped to protect people.

Staff understood people's preferences for their care. People were involved in developing their support plans which informed the staff about their individual care needs and risks to their health and wellbeing. Staff contacted relevant health professionals for help and advice to help maintain people's wellbeing. Risks present within people's home environment were assessed this helped to protect all parties.

People's nutritional needs were assessed and monitoring occurred as necessary. Staff ensured people chose what they would like to eat to encourage their appetite.

Staff received training in medicine management and administration which followed the North Lincolnshire County Council guidance.

Staff understood that if people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 and codes of practice must be followed which helped to protect people's rights.

Staffing levels provided were adequate to meet people's needs. Staff had undertaken training in a variety of subjects to develop and maintain their skills. Training updates were provided and staff were supported by undertaking supervision and appraisals. This helped to identify any training needs staff may have and allowed all parties to discuss performance issues.

There was an on call system provided out of normal office hours. People using the service, their relatives or staff could gain help and advice from the management team at any time.

We visited a person who used the service. They told us the staff looked after them well and they said they had no complaints to raise.

There was a quality monitoring system in place. The management team undertook audits and checks were carried out to observe how the staff delivered care to people. People were asked for their views. Feedback was acted upon to maintain or improve the service provided.

There was a complaints policy in place so people could raise any issues at any time. Issues raised were dealt with appropriately.

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. Staff knew how to recognise the signs of potential abuse and knew how to report issues. This helped to protect people.

People told us they felt safe being cared for by the staff. Risks present to each person's health and wellbeing and within their environment were assessed and monitored by staff.

Staff supported people to take their medicines as prescribed, where necessary.

There were enough skilled and experienced staff to meet people's needs. Information was present for staff to use in the event of an emergency.

Good



Is the service effective?

The service was effective. Staff monitored people's health and gained help and advice from relevant health care professionals to maintain people's wellbeing.

People's nutritional needs were met.

Staff were provided with training which helped to maintain and develop their skills. Supervision and a yearly appraisal occurred to support staff.

Good



Is the service caring?

The service was caring. People said the staff had a caring attitude and looked after them well.

People were treated with kindness, dignity and respect. Staff promoted people's independence and choice.

Staff we spoke with told us they enjoyed looking after people.

Good



Is the service responsive?

The service was responsive.

Care provided was person-centred and this was carried out to suit people's individual preferences.

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Complaints procedures were in place. Complaints received were dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

The management team were available at any time. Staff we spoke with understood the management structure in place.

People were asked for their views about the service they received.

There was an auditing system in place which helped the management team to monitor, maintain or improve the service provided.

Good



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 registered 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 inspection was undertaken after contacting the registered manager and giving them notice that our inspection would take place on 1 December 2015. The inspection was carried out by an adult social care inspector. Telephone interviews were arranged to take place with a number of people using the service, these were carried out over the next four days by an expert by experience. An expert by experience is a person who has knowledge and experience of using this type of service.

Before the inspection, the registered provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection.

Prior to our inspection we looked at and reviewed all the intelligence the Care Quality Commission [CQC] had received. This helped inform us and assisted us to make a judgement about the level of risk present at the service. We also reviewed information received from the local authority commissioning team. No concerns were raised with us regarding this service.

During our inspection we spoke with the registered manager, branch manager and four staff. We undertook a visit to one person who was receiving a service whilst being accompanied by a senior member of staff. We looked at the care records of three people, this included support plans, assessments undertaken before a service commenced, risk assessments, medication records and records made by staff following their visits to people.

We looked at records relating to the management of the service, quality assurance documentation policies and procedures and complaints information. We inspected staff rotas, three staff files and staff training, supervision and appraisal records. Information relating to staff recruitment was also inspected.

Is the service safe?

Our findings

People we spoke with told us they felt safe and comfortable with the staff who supported them. They said the staff knew what they were doing and they confirmed they had no issues with the safety of the care provided. One person said, "I trust them [staff] implicitly." Another person said, "They are very good at what they do, I wouldn't want the responsibility they have." Relatives we spoke with said they could relax knowing that their relations were being cared for safely.

During our inspection we visited a person who used the service. They told us they felt safe and said they were looked after well by the team of staff who supported them.

Staff told us they had undertaken safeguarding training which helped them to monitor people for signs of potential abuse. They told us they would report any suspicions or concerns about potential abuse to the management team straight away. Staff were aware that these issues were reported to the local authority safeguarding team for investigation. The registered manager confirmed that CQC would be notified of any safeguarding issue. Policies and procedures were in place and there was a whistle blowing [telling someone] policy to help guide staff. There had been no missed calls to people which had resulted in safeguarding issues having to be raised.

Training was provided to staff regarding first aid and health and safety. This enabled the staff maintain a safe service to people. Risk assessments were in place for risks to people's health and wellbeing, for example; the risk of choking and falls. Information was present regarding the safe use of medical equipment. Risk assessments of people's home environment were in place to inform staff of potential hazards for example, trip hazards, electricity or gas supply issues.

The service used the North Lincolnshire County Council guidance relating to medicine management. The support people required with their medicines was understood by staff. Only staff who had undertaken medicine administration training were allowed to undertake this. We looked at people's care records; relevant information was present regarding prescribed medicines stating how and when they were to be administered in all but one person's care record. This was discussed with the registered manager. The information required was present in the

person's home and this information was brought in to the office immediately and placed on the office copy of the person's care records. The management team undertook audits of people's medicine administration records to make sure people were receiving their medicines as prescribed.

We saw that staff were issued with uniforms and identity badges. These were worn by staff attending people's homes so that people were aware they were representing the service. Information about people's home security and key codes for key safes which allowed staff to gain access to people's property was kept securely. People we spoke with told us that their homes were left in a secure manner by staff.

Personal protective equipment, such as aprons and gloves along with bags to dispose of used continence products were provided to staff to promote infection control.

Staff we spoke with told us how they dealt with emergency situations. The management team confirmed staff would stay with the person in an emergency, contact the office and gain medical help and advice. This helped to maintain people's wellbeing.

A business continuity plan was in place. It gave instructions to staff about how to deal with situations such as a disruption to the delivery of the service, power cut or computer failure. We were informed that the registered provider could run the service from the adjacent care home. The services phones could be diverted to ensure people could contact staff. The staff rotas and schedule of calls booked to be undertaken were held on computer and on paper. This ensured the information was always available in the event of a computer failure. Traveling time was planned into the staff's rotas. Most of the people we spoke with said that if staff were running late they were informed so that they did not worry.

An 'on call' system was in place which was manned by the management team outside of normal working hours. People using the service, their relatives and staff were able to phone up for help and advice at any time. The 'on call' staff had access to all relevant information to help them deal with issues. We were informed that when staff were working evenings and weekends they phoned the 'on call' member of staff to tell them their whereabouts and to inform them when they were going off duty. This helped to ensure the staff remained safe.

Is the service safe?

The service was currently recruiting staff to ensure they continued to have the staffing numbers required to maintain cover for the care packages supplied. The registered manager and management team were able to undertake calls in emergencies to maintain the service to people.

We looked at the recruitment processes in place. Potential employees completing an application form, which enabled gaps in employment history to be examined. References were obtained along with a police check from the disclosure and barring service [DBS]. An interview was held with two members of the management team and notes of the candidate's responses were recorded. Successful candidates were not allowed to start work until all their

pre-employment checks had been received which helped to protect people from unsuitable staff. A person using the service said, "I understand they do security checks on the care workers before they start. I was assured this happened when the manager came to discuss the service they could provide when my care package was set-up."

We noted for one member of staff only one reference was on file, this was looked into with the registered manager. The member of staff was contacted and confirmed only one reference could be obtained. This was a good reference. We saw two references were routinely requested for staff. Following discussion about this with the registered manager an audit of staff files commenced to make sure all references were present.

Is the service effective?

Our findings

People told us staff were effective at meeting their needs and said that their support needs were always completed. They confirmed the staff were trained to be able to support them effectively. We received the following comments from people: “They [the staff] are completely reliable.”, “After a while, they [the staff] got used to my little ways.” and “They [the staff] do everything I ask them to and more besides sometimes.”

People we spoke with told us their independence was encouraged. One person told us a member of staff supervised and watched over them whilst they dressed themselves. They said, “I like the way they [the staff] give you that bit of confidence and don’t take over: It seems just right, keeping an eye on you.” A person we visited who was receiving a service said the staff delivered their service efficiently and as they wished to receive it.

Relatives we spoke with confirmed that the staff provided a reliable service so they did not have to worry. A relative said, “If they [the staff] can deal with my relation, which they do excellently, they can cope with anybody.”

We saw that assessments of people’s needs were undertaken to make sure staff had a good understanding of the service required. People were asked questions about the care and support they needed to receive. Where necessary, information from other relevant parties was obtained, for example, from discharging hospitals, the local authority or from health care professionals involved with the person’s care. Once this information was gathered a decision was made about if the person’s needs could be met. Information was provided to people about the service to make sure all parties were informed. At this point support plans and risk assessments were put into place regarding people’s needs and preferences for their care.

The registered manager told us that people were supported by small teams of staff. This helped staff to understand people’s individual needs and help maintain continuity of care. People we spoke with confirmed this occurred.

We saw if people’s needs changed help and advice was gained from health care professionals, for example, GP’s or district nurses. The staff we spoke told us how they knew the people they supported well and could tell if they were

not quite themselves. Information was passed onto the office, relatives and other care staff if it was felt further observation of the person’s health and wellbeing was required.

People’s nutritional needs were assessed when the service commenced and staff reviewed how people were maintaining their dietary intake to maintain their wellbeing. People’s support plans detailed the type and texture of food required if swallowing problems were present. Some people were given meals, including breakfast. People we spoke with said these were adequate. One person said they were slow in their movements and did not always finish their breakfast when the staff were to leave. On these occasions, staff did not clear-up; the person said that this was positive as it meant they felt independent by doing tasks themselves. Staff alerted relevant health care professionals if they had any concerns about people’s nutrition.

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. During our visit the staff we spoke with confirmed they had completed training in the Mental Capacity Act 2005 [MCA]. Staff we spoke with said they gained people’s consent before supporting them. If people lacked capacity family members and relevant health care professionals were involved in making decisions to ensure to people’s rights were protected.

Induction training was provided to new staff which had been developed to cover the care certificate which had to be completed for all new staff starting work. New staff shadowed experienced staff so they were able to develop their skills and understand the level of care people needed. New staff were assessed as being competent before supporting people themselves. A probationary period had to be successfully completed before staff were supplied with work on an ongoing basis.

A programme of training was in place for all staff, this included subjects such as safeguarding, health and safety, first aid, infection control, food hygiene, medicine management and fire safety. Training about other health

Is the service effective?

conditions, for example; dementia or diabetes was also provided. A training planner was in place to make sure training was provided in a timely way to staff. Staff we spoke with told us there was plenty of training provided for them.

A staff handbook was provided to staff this included information regarding confidentiality, code of conduct and terms and conditions of employment so staff knew what was expected of them.

Support was provided to staff at supervisions which occurred regularly to allow training and support needs to

be discussed. Yearly appraisals were taking place so the management team could give formal feedback to staff about their performance. Staff we spoke with told us this support was helpful to them.

The service's office was located within the grounds of Althorpe Nursing Home. People who wished to visit the office could do so. An area was provided so visitors could hold private conversations with staff. Parking was available for visitors and staff.

Is the service caring?

Our findings

People we spoke with said the staff cared for them and maintained their privacy and dignity. We were told staff took pride in their work and tidied-up after themselves. A person said one particular care worker asks, “Mrs [Name] is there anything else we can do for you. Other comments we received included: “There is one particular worker who is particularly good. However, they are all pretty decent really.” “I’d give all the workers 10 out of 10. There’s not a bad one amongst them.” and “I think they are very professional in a very informal way – that takes some doing, that does.” “I genuinely feel the workers want to help you and do the best they can.” People said the staff were; “Absolutely, blooming marvellous.” and “Brilliant.” People confirmed the staff were polite and they sang the praises of the staff. People told us staff went out of their way to ask if there was anything else they could do for them.

A person receiving a service that we visited told us the staff who supported her were like family. They said, “They are fine, everyone of them [the staff] make a good team. They talk to you nice and friendly they are professional and we have a bit of a laugh too. The staff help me to keep independent.”

Relatives we spoke with said the staff were caring and professional in their approach with people. One relative said, “I know, on the odd occasion, they [staff] may have exceeded their allocated time, not often but they are flexible like that. I’m aware they have to see others after my husband and I feel guilty but they put me at ease as though nothing is of bother to them. They are lovely girls.” Another relative said, “I can say, in all honesty, it is a privilege to have them in. They look after my husband in a lovely manner” they went on to say “I would recommend this service to anyone.”

The registered provider had policies and procedures in place to inform the staff about the importance of treating people with dignity and respect and valuing their diversity, a confidentiality policy was in place for staff to adhere too. Staff we spoke with understood they must maintain people’s confidentiality and treat them with dignity and respect. A member of staff said, “I treat people as individuals and I respect the people I care for. I love this job.”

During our visit staff we spoke with said they enjoyed the work and particularly enjoyed working with people using the service. Staff were flexible and covered each other’s sickness and absence to make sure people were looked after by staff who knew them and their needs. Staff talked about individuals preferences, likes and dislikes for their care and support. They understood providing each person with their individual needs was important and helped people to feel well cared for. A member of staff said, “We provide a service tailored to each person.” Staff we spoke with knew about people’s life and social histories they told us how they helped people maintain their lifestyle and social interests, where possible.

The management team informed us that even though they were recruiting for more staff there was a stable core of staff who had worked at the service for a while. They told us the staff enjoyed looking after people in the community. A member of staff said, “I love this job the best bit is helping people keep independent and stay in their own home. We sort out people’s preferred routines to make sure everything is right, we establish bonds and friendships with people and their family. This is very important.”

Is the service responsive?

Our findings

People we spoke with told us the staff responded to their current and changing needs. They said they made their own decisions about their care and were supported by staff. People confirmed they had support plans and said felt they were part of the care planning process. One person said, “Every week, a care worker asks me how things are going and I know one time she told the manager and my service was changed as necessary.” People and relatives said the manager ensured they gained both the service users’ and family carers’ views.

Relatives told us they were happy with how the staff supported their relations. They confirmed changes in their relations needs were reported to them and relevant action was taken by the staff to ensure people’s needs were met. One relative said, “[Name] does a marvellous job, in fact, better than I can do.”

Senior staff undertook assessments of people’s needs at the start of the service. People and their chosen representatives were involved in this. Information was gained from relevant health care professionals and from the local authority if the care package was funded by them. This information was used as a base line by staff to develop person centred support plans and risk assessments. The support plans took into account people’s individual preferences likes and dislikes, in relation to their care. This helped the staff to provide the care and support people wanted to receive in the way they wished to receive it.

We saw that relevant health care professionals were contacted by staff if people’s needs changed. Phone numbers for doctors, district nurses were present in care records so that staff could raise issues in a timely way. Staff told us how they reported changes in people’s needs and condition to the office staff, people’s relations and health care professionals. People’s care records were updated by the senior staff to reflect their changing needs to ensure people received the support they needed.

Information about equipment needed to support people was present in their care records. For example, hoists to aid transfers and pressure relieving mattresses for people who were at risk of developing skin damage due to being frail or immobile. The staff monitored equipment and reported to the supplier if there were any faults with it so it could be fixed.

We saw ‘task sheets’ were present in people’s care files. The information contained on these told the staff in details, step by step about all the care and support that was needed to be provided during each call. Staff we spoke with told us the care records in place informed them appropriately about people’s needs. Staff confirmed once they had delivered care and support they recorded this information in a book which was left in the person’s home. When we visited a person who was receiving a service we looked at their book and saw staff recorded, dated and signed each entry which described the support provided.

People were provided with information about the complaints policy and procedure. This contained information about how to make a complaint to the registered provider and other agencies, such as the local authority and Care Quality Commission. Timescales for dealing with issues was present along with confirmation that the outcome of any issue raised would be discussed with the complainant. We inspected the complaints that had been received, we saw that issues raised were acknowledged and addressed.

Some people and their relatives said they were able to raise concerns or complaints, others we spoke with said they had not had the complaints process explained to them. All said they would get a positive response if they had to complain because the manager was responsive. A person we visited said, “If I needed to make a complaint I would.”

Is the service well-led?

Our findings

People we spoke with and their relations told us they were satisfied with the service they received. One person said, “I’d give the management of the service a score of 8 out of ten.” We asked people if the service they received could be improved. Some people were struggling to answer this, and in fact, many said the service could not be faulted in any way. We received the following comments: “They do everything to their best ability.” and “They are willing to do anything if you are stuck.” Everyone said that there was a general feeling of openness in the organisation. However, no one could recall getting a feedback or satisfaction survey to complete even though we observed the results of surveys undertaken at the service.

A person using the service that we visited said the service was reliable and of a good standard. Relatives we spoke with said the service was well led. Everyone we spoke with could

name of the manager. Some said there was regular personal contact whereas others said that apart from the initial setting-up process, the main contact with the manager was by telephone. People told us the response from all the staff was positive. People reported the manager was friendly and approachable. One person said, “She has gone the extra mile for us. She even recruited new workers for our needs.”

An on-call service was provided. This helped to ensure the service provision was maintained. We received feedback from one person that there had been occasions when they had cancelled their call in a timely manner but the messages didn’t get relayed to workers who turned-up with no one there. People were satisfied with the service they received.

Since the registration of this service the registered manager of Care Plus Care [UK] Ltd has been the registered manager for the Isles branch. The registered manager told us they attended the Isles branch one day a week but were on call at any time to support the Isles branch deputy manager who worked full time. The registered manager made themselves available to people, relatives and staff, along with the deputy branch manager. Staff we spoke with told us this arrangement was effective. The registered manager

of both services informed us they worked four days a week. The registered provider will need to monitor this management arrangement to make sure it remains effective if the Isles service develops further.

The branch deputy manager told us they were supported in their role by the registered manager and registered provider and senior care staff at the branch. The management team assessed the service provision and acted appropriately to recruit staff in a timely way when the demand for the service increased. This helped to ensure there was enough staff to deliver a reliable service to people and provide continuity of care to people.

Staff were deployed to people on the Isle of Axholme and surrounding areas towards Scunthorpe. Staff were local to these areas which enabled them to provide a flexible service. The registered manager and deputy branch manager told us they assisted the staff and undertook care calls to help support people, when necessary. This allowed the management team to observe how staff cared for people and to monitor the quality of the service provided.

The senior staff undertook observations of the staffs practice. These observations were known as ‘spot checks’. Staff were watched delivering care and support to people to see how they gained consent and provided the care. Staffs communication skills were monitored attendance times and record keeping skills. Issues found were reassessed and monitored in staff supervision. However,

during our phone interviews with people receiving a service no one could recall a ‘spot-check’ taking place. A person we visited confirmed this occurred and the management team showed us information which confirmed this. Staff we spoke with told us spot checks took place but they were not announced to them or to the people using the service. This ensured that the service being delivered to people was monitored.

During our inspection the staff we spoke with told us that they gained the help and support they needed from the management team. They said they could discuss any issues at any time and told us the management team always acted upon what they said. This helped the staff to feel supported.

An ‘on call’ system was provided this was staffed by the management team and senior care staff. People using the

Is the service well-led?

service, their relatives or staff could contact the on call team outside of normal working hours for support help and advice. Staff we spoke with told us this system was effective.

Staff told us they visited the office and were updated with new or changing information about important issues. We were informed that staff meetings occurred occasionally but that some staff had to be out delivering the service to people so they could not all meet at the same time. Staff assured us they felt they were kept informed.

We saw that information about people using the service and staff was kept securely. Computers were password protected and the office was locked and secured when unmanned. This ensured confidentiality was maintained and that the Data Protection Act was adhered to.

The management team provided people with a contract. This contained information about the registered providers fees and standard of service to be supplied. Information about any equipment needed was in place along with details about who was to maintain this.

The management team monitored the quality of the service provided by undertaking audits of the care files and medication administration sheets. Any shortfalls identified were addressed. People's care files were checked monthly to make sure staff had completed them correctly.

An incident and falls analysis audit had just been introduced to enhance the monitoring taking place. North Lincolnshire County Council had assessed the quality of the service earlier in the year and provided them with a quality rating of 'good'.

Yearly quality assurance surveys were undertaken to gain people's views about the service they received. We saw the service received letters and cards from people thanking them for the quality of service they received. We saw that a letter had been sent to the service from a health care professional giving positive feedback to the manager for the service provided to the person they supported. The registered manager told us they were always looking for ways to improve the service.