Joyce Darfoor Ltd

CarePlus 24

Inspection report

15A Mountfield Road
Hampden Park
Eastbourne
East Sussex
BN22 9BJ

Tel: 01323500204
Website: www.careplus24.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an inspection of CarePlus 24 Agency Domiciliary Care Agency (DCA) on 24, 29 and 30 April 2015, we found the provider had not met the regulations in relation to the safe management of medicines, and had not ensured staff were of good character and suitable to work with people who used the service. People's personal records were not accurate and up to date. The provider did not have an effective system to regularly assess, monitor and improve the quality of service that people received. An action plan was submitted by the provider that detailed how they would meet the legal requirements by August 2015.
We undertook this inspection on 23 May 2016 to check the provider had made improvements and to confirm that legal requirements had been met. At this inspection we found improvements had been made and the provider was now meeting the regulations. We told the provider two days before our visit that we would be coming. We did this because they were also the registered manager and were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

CarePlus 24 provides personal care services to people in their own homes. At the time of our inspection three people received care from a member of staff who lived-in at their home. CarePlus 24 provides support for people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. Some people were living with early stages of a dementia type illness or other long-term health related condition. People lived reasonably independent lives but required support to maintain this independence.

In addition to the DCA the provider also provided care staff to work in local care and nursing homes on a temporary basis. These staff are often referred to as 'agency staff.' This type of agency is not regulated by the Care Quality Commission (CQC) therefore was not included in our inspection although it is referred to in this report.

People were supported by staff who knew them well. Staff had a good understanding of people's individual needs and choices. People told us they received the care they needed and wanted. They said they were involved in making their own decisions on a day to day basis.

Some people required support to take their medicines and this was done safely by staff who had received the appropriate training. Risks were well managed and people were supported to stay as safe as possible whilst maintaining their independence and lifestyle choices.

There were enough staff who had been safely recruited to look after people. Staff were introduced to people and were known to them before they supported them alone. Staff received on-going training and supervision to help them meet the needs of people who used the service. Staff told us they felt supported by the manager who was open and approachable.

People were regularly asked for their feedback through care reviews and telephone contact by the registered manager. There was a quality assurance system in place to assess and monitor the quality of the

service.

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

Risk assessments were in place. Staff understood how to support people to remain independent in a safe way.

People were protected from the risk of abuse because staff understood what they needed to do if they thought someone was at risk

There were enough staff to meet the needs of people who used the service.

Recruitment records showed there were systems in place that helped ensure staff were suitable to work at the service.

Medicines were stored, administered and disposed of safely by staff who had received appropriate training.

Is the service effective?

Good

CarePlus 24 was effective.

Staff received the training they needed to meet the needs of people using the service.

Staff had an understanding of MCA and DoLS although not all staff had received DoLS training.

People were supported to make decisions about what to eat and drink each day.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

CarePlus 24 was caring.

Staff knew people very well; they had a good understanding of people as individuals. This enabled them to provide bespoke care to the people they supported.

People were supported to remain as independent as possible

and make decisions about their daily care.

Is the service responsive?

Good

CarePlus 24 was responsive.

People received care and support that was responsive to their needs because staff knew people well.

There was a complaints procedure in place and people were given a copy of this when they started using the service.

Is the service well-led?

Good

CarePlus 24 was well-led

There were systems in place to monitor the quality of the service.

The registered manager had a clear philosophy about the service they provided.

People and staff told us the service was well managed, and the registered manager was supportive and accessible.

CarePlus 24

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 of CarePlus 24 took place on 23 May 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because they were also the manager and were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. One inspector undertook the inspection.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received since the last inspection.

During our inspection we went to the office and spoke to the registered manager. We reviewed the care records of three people that used the service. We looked at three staff recruitment files, supervision and training records, and spoke with the registered manager about the systems in place for monitoring the quality of care people received. We looked at a variety of the service's policies such as those relating to safeguarding, medicines, complaints and quality assurance.

After the inspection we made phone calls to care workers, people that used the service and relatives of people that used the service to get their feedback about what it was like to receive care from the staff.

Good

Is the service safe?

Our findings

We carried out an inspection on 24, 29 and 30 April 2015 we found the provider had not met the regulations in relation to the safe management of medicines, and staff recruitment. An action plan was submitted by the provider that detailed how they would meet the legal requirements by August 2015. At this inspection we found improvements had been made and the provider was now meeting the regulations.

People we spoke with and their relatives told us they felt safe receiving support from CarePlus 24. One person said, "We know each other well and we trust each other." A relative told us, "It's a godsend knowing (relative) is looked after."

There were systems in place to ensure safe recruitment practices. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. A DBS check allows employers to check whether the applicant has any criminal convictions that may prevent them working with people. Application forms included a full employment history and appropriate references were in place. There was appropriate identification for staff in files viewed. This meant People were protected, as far as possible, by a safe recruitment practice. Staff recruitment files were regularly audited by an external agency for the recruitment agency, this included files for staff who may visit people in their own homes.

Some people required support to take their medicines. One person said, "The carer pops my tablets out, then keeps an eye on me to make sure I've taken them." Medicine administration record (MAR) charts were in place and these had been signed by staff when medicines had been taken. If medicines were not taken, for example, if the person declined, the chart was completed using a coded system to indicate why. Some medicines had been prescribed to be taken 'as required' (PRN), for example, pain killers. There was guidance in place about the tablets so staff knew when they could be given. MAR charts were handwritten by staff who looked after people. Although staff knew people really well and looked after them regularly the registered manager had identified this may be a risk. They told us staff were informed to follow the written guidance sent with the medicine. She said, "It's important staff read what is on the box, that is what has been prescribed, it's too easy to make a mistake when you are copying something down." To reduce this risk the registered manager had arranged with the dispensing chemist to provide printed MAR charts with the medicines. Staff had a good understanding of why people needed their medicines and how to administer them safely

People were protected from the risk of abuse because staff understood the different types of abuse and how to identify and protect them from the risk of abuse or harm. Staff told us all concerns would be reported to the registered manager. If concerns related to the registered manager they would report to the appropriate local safeguarding authority. One person said "I feel very safe, if I ask the carer to get money out of my wallet she will pass it to me. She will never take the money out, that's always up to me." There had been no safeguarding concerns related to CarePlus 24.

Risks to people's safety were reduced because there were a range of environmental and individual risk assessments in place. Where people had been identified as having poor mobility and at risk of falls the risk

assessments included information about how they mobilised safely. This included the use of a frame for support when walking. The registered manager told us where risks had been identified in relation to the management of medicines or falls the risk had been minimised once people received 24 hour support. Staff told us people were supported to keep as safe as possible whilst maintaining their independence and lifestyle choices. One person told us, "The carer makes sure I have my walking aid, I know it keeps me safe."

There were enough staff to provide care to people. Two staff were employed to provide live-in support for people, and these arrangements had been in place for some time. When these staff were not available, for example on time off or holiday the registered manager had identified suitable staff to support people. These staff worked within residential care homes through the agency. The registered manager knew the staff well and was able to identify their suitability and skill to provide 24 hour care. The registered manager told us prior to supporting people staff would shadow the current staff for two days to ensure they knew people before they supported them.

Good

Is the service effective?

Our findings

People and their relatives told us staff had a good knowledge of the care they provided. They said staff recognised when people were unwell and contacted the doctor if necessary. People told us staff supported them to have their meals of choice. One person said, "We always choose what we want for our meals."

Staff received appropriate training and supervision. When staff commenced work they completed an induction and period of time shadowing other staff. All staff had recently completed training updates. This included medicines, mental capacity assessment, nutrition and first aid. Staff also completed training that was specific to the needs of the people they supported, for example, dementia awareness and stroke awareness. The registered manager told us staff who supported people in their own homes received training with staff who worked for the agency. One staff member told us it was helpful to receive training with other care staff as they spent a lot of time working on their own.

Staff received regular supervision. Staff who supported people in their own homes received individual supervision and also attended staff meetings with colleagues from the recruitment agency. This ensured staff received the appropriate updates but also ensured she was aware of their individual learning and development needs and could provide the appropriate support.

Staff had received training in the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. Staff demonstrated an understanding of mental capacity in relation to the people they looked after. People were able to make their own choices in relation to what they did each day for example when they got up or if they went out. One staff member said, "Although the person I look after may be a bit confused at times they are still able to make all their own decisions." Although there were no formal mental capacity assessments for people, care assessments contained information about people's memory and whether they had times when they were confused. One person told us, "Nothing happens without our consent."

People received support where they needed it to help them meet their nutritional needs. There was information about people's nutritional needs in their assessments and care plans. This included if people required support to prepare and eat their meals. Staff told us they prepared and served people's meals. They said people always chose their own meals, what they would like to eat and when. One person we spoke with told us, "We always chose what we want to eat and the carer prepares it for us." One staff member told us the person they supported like to be involved in the preparation of meals. They said, "She likes to be with me in the kitchen, so we prepare the meals together." People were supported to shop for the food of their choice. One person told us, "We write a shopping list and order on line, for some meals we have ready meals, I order them as well."

People were supported to ensure their health care needs were met by the appropriate healthcare professionals. Their health and well-being was constantly monitored as staff lived at people's homes. Relatives told us they were confident staff would identify if people were unwell and take the appropriate action. One relative said, "I know they would, in fact they have many times." Staff supported people to

attend routine health appointments such as the dentist, optician and hospital clinics. Relatives were informed if the person was unwell and staff also informed the registered manager if they had any concerns about people's health to ensure they retained oversight of people who used the service. We saw the registered manager had contacted other healthcare professionals when necessary for example the GP, pharmacy or occupational therapist.

Good

Is the service caring?

Our findings

One person told us about the staff member who supported them. They said, "(Staff) keeps an eye on us but in a quiet way, she's present when we need her." Relatives we spoke with told us their family member was, "Well looked after."

One person said about staff, "(Staff) is part of the family now." Staff spoke about people with genuine affection and kindness. One staff member said, "I've been here so long now, they're like part of my family." This was also the opinion of people's relatives. Despite this staff had ensured they maintained professional boundaries and helped people to live their lives the way they chose. Staff respected people's rights to privacy and helped them maintain this. One person said they had to make adjustments to their life because someone else was living in their home, "Parts of our life have been taken over but (staff) are very respectful, for example in the morning she will bring us breakfast then leave us to eat in privacy and quiet."

Staff knew people well, they had a good understanding of people's needs, choices, likes and dislikes. People received care from regular care staff and had been introduced to them before they started to deliver care. Getting to know people before providing care was an important part of the service. The registered manager told us, "We can tell staff about the care, they can read about it, but you need to spend time to get to know the person that's how you can provide the care they want and need." The registered manager had ensured staff were suitable to work and live with the people they supported for example having similar interests. One person told us, "It's lovely, we all belong to the same group."

People were supported to continue with their interests and hobbies and maintain contact with people who were important to them. This included regular family visits. Some people had expressed their wishes to continue to attend their church and they were supported to do this by the staff.

People made decisions for themselves and were able to live their lives as they chose. People's care plans contained guidance for staff about the support they required and staff prompted and encouraged people to remain independent by involving them in decisions and day to day tasks. One person told us, "It's up to us what we do each day, we make all the decisions." People and relatives told us having the live-in support had enabled people to live at home and retain a level of independence. One relative told us their loved one had, "Benefitted from the care they received." Staff we spoke with were clear that people made their own decisions. One staff member said, "They decide what they want to do, not me." However, the staff member did add, "If I need to I do prompt them to remind them." Staff told us although they knew what care people needed they continually asked people what they wanted.

Good

Is the service responsive?

Our findings

People and relatives told us they were involved in planning their own care. They told us they received care that reflected their own needs and choices. People's needs were assessed before they started using the service to ensure staff were able to meet people's individual needs and preferences. Care plan reviews took place regularly and showed people had been asked about their care and support needs at each review.

People's care plans contained basic information and an overview of the support they needed. This was not detailed and only included brief information about people's individual likes and dislikes. However, this was enough for each person because the staff who supported them lived with them. Staff had a detailed knowledge of each person's individual needs, routines, choices, likes and dislikes. For example, one person's care plan stated they liked to go for a walk each day but no further details. Staff explained the person would choose each day, when and where they would like to go for a walk. Information in daily records showed this person regularly went for a walk as and when they chose.

People received care that was responsive to their needs. One person told us, "When we go out we decide each time whether I'm able to walk or if I need to use a wheelchair. We see how it goes." Staff had a clear understanding of people's care needs the support, encouragement and prompting they required. Staff told us they were aware of people's changing needs and responded appropriately. One staff member told us about one person who required cream to be applied to their skin twice a week. The staff member said, "There is no specific day, I know it needs to be done and I do it when the person wants it done." Daily notes contained detailed information about the care people had received and what they had done throughout the day. These were completed regularly throughout the day and provided clear information about people. People told us they had enough to do during the day. One person told us, "(Staff) will often ask us if we'd like to play a game, sometimes we need to be prompted to do things but we can say no and that's fine." The daily notes showed people were engaged in a range of activities and outings.

People and relatives told us they were involved, when required in the ongoing review of people's care. One relative said, "If something needs to be changed the family agree a policy, it's often something small but it can make a difference." One person told us, "We are involved in everything that happens."

There was a complaints policy in place and people were given a copy of this when they started using the service. People told us they didn't have any complaints however they would be happy to discuss any concerns with staff or the registered manager. One person said, "If somethings not right, I just talk to (staff), we sort things out." The registered manager regularly telephoned people to get feedback about the service, ensure their needs were met and to ensure people had no concerns. This was recorded in people's care plans.

Good

Is the service well-led?

Our findings

We carried out an inspection on 24, 29 and 30 April 2015 where we found the provider had not ensured people's personal records were accurate and up to date. The provider did not have an effective system to regularly assess, monitor and improve the quality of service that people received. An action plan was submitted by the provider that detailed how they would meet the legal requirements by August 2015. At this inspection we found improvements had been made and the provider is now meeting the regulations.

There was an audit system in place by an external company to assess and monitor the quality of service. This audit looked at staff recruitment, training and policies and included staff who provided support to people in their own homes and the recruitment agency. When shortfalls were identified this was addressed by the registered manager. For example the audit found one staff member (for the recruitment agency) did not include evidence of recent training. This was being addressed by the registered manager during the inspection. The registered manager told us the external system was very robust and helped her to ensure systems were in place and followed correctly.

The registered manager reviewed MAR charts and people's records when they were returned to the office to identify if people's needs had changed, if a review of care was required or there were any shortfalls in recording or documentation. We saw one person's medicine on a MAR chart had had been stopped by a staff member. There was no information why this had happened on the person's MAR chart. The registered manager told us she had also identified this and discussed it with the staff member who advised this had been done on advice of the GP and recorded in the person's daily notes. People's care plans contained enough information for staff who supported them. This was because people received live in care with steady staff who knew them well so less detail was sufficient. The registered manager had a good oversight of the care and support provided because the service was very small. She recognised that if the service were to expand or provide domiciliary care which included regular visits by different staff care plans would need to be more detailed. She also recognised that although shortfalls were currently addressed when they were identified these would need to be recorded to identify themes and trends and improve the service. For example the registered manager told us in future she would record any findings on the MAR chart to ensure a consistent record.

People and relatives told us the registered manager was approachable and they were able to contact her if they had any concerns. Staff told us they were able to discuss anything with her. The registered manager knew people and staff well. She had a good understanding of individual needs and competencies. She was seen as open and approachable. It was clear her aim was to provide a good service to meet people's individual needs. Her emphasis was on providing support the person wanted, not to suit staff needs. This was reflected by the staff we spoke with, they consistently told us the care they provided was based on what people wanted. Staff had a clear understanding of their roles and responsibilities and who they would report any concerns to. The registered manager received regular supervision from another director within the company. She told us she used the CQC website and care skills academy to keep up to date with current best practice which she demonstrated throughout the inspection.