

Care Plus Homecare Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

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 September 2017. A second day of the inspection took place on 6 November 2017 in order to gather additional information.

Care Plus Homecare Services Ltd is a domiciliary care agency provided by Careplus Homecare Services Ltd. The office is based in Handforth, Cheshire and the service operates across Handforth, Wilmslow, Alderley Edge and Congleton. The service was providing the regulated activity 'personal care' to approximately 50 people with a range of needs during our inspection.

The agency was previously inspected in April 2016. During the inspection we found breaches of the Health and Social Care Act 2006 (Regulated Activities) Regulations 2014. We found that 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. Furthermore, we found that people were not adequately protected from the risks associated with unsafe medicines management, that staff had not completed all the necessary training for their role and that they lacked knowledge and awareness of the principles of the Mental Capacity Act 2005. We also noted that effective systems were not in place to assess, monitor and improve the quality of the service.

At this inspection, we found that the registered provider had taken action to provide staff with the necessary training for their role and to develop their knowledge and awareness of the principles of the Mental Capacity Act 2005. We also found that the provider had introduced an assessment framework to help identify the needs of prospective service users. Action had also been taken to improve medication recording systems and practice.

At the time of the inspection there was a registered manager at Care Plus 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'.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that effective systems were not in place to assess, monitor and improve the quality of the service. You can see what action we told the provider to take as the back of the full version of the report.

The managing director and registered manager were present during the two days of our inspection and engaged constructively in the inspection process, together with other members of the office management team and staff.

People spoken with were complimentary of the service provided by Care Plus Homecare Services Ltd and

confirmed they were treated with dignity and respect, encouraged to maintain their independence and to exercise choice and control over their lives.

Recruitment was robust with checks in place to ensure that new members of staff were suitable to support people using the service.

Staff understood their duty of care to safeguard the welfare of people using the service and the importance of promoting people's healthcare and good nutritional intake.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had received training and had access to policies and procedures to help them understand how to support people who required assistance with their medication.

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. This helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

Staff had access to induction, mandatory and other training that was relevant to their roles and responsibilities.

Staff had completed training in the Mental Capacity Act 2005 and had access to policies and procedures in respect of 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.

Is the service caring?

Good ●

The service was caring.

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 planned for.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The service had a registered manager.

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

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 September 2017 and was announced. A second day of the inspection took place on 6 November 2017 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 one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of 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 Care Plus 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; one senior carer; nine support workers and a social worker. We also contacted 17 people who used the service and 18 relatives by telephone and undertook home visits by invitation to speak with three more people who used the service and an additional relative.

We looked at a range of records including five 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; three staff files; minutes of meetings; complaint and safeguarding records; staff rotas and / or visit schedules; staff training; audit and key documentation.

Is the service safe?

Our findings

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

People spoken with confirmed that they felt safe. Comments received from people using the service or their representatives included: "I've only been let down once in all the time I've been with them. It's a good service"; "I wouldn't manage without them. Very reliable. Very very good with my medication. I take a lot" and "I think the staff are fabulous. Mum's needs are met. They [the staff] are very alert to things. I find that reassuring."

At the last inspection in April 2016, we found a breach of the regulations relating to 'safe care and treatment'. This was because the registered person had failed to ensure effective systems for the safe management of medicines.

At this inspection we found that some action had been taken to address the breach.

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. Staff spoken with confirmed their awareness of the procedures.

Medication administration charts viewed during the inspection were found to be correctly completed and had been updated to enable staff to record any issues using a coding system on the back of the MAR. Medication details and information could also be cross referenced to 'medication prescription records' and / or blister packs which contained the details of current prescribed medication.

We looked at the files of five people who were supported by Care Plus Homecare Services. We noted that basic risk assessment information had been developed such as manual handling assessments (where applicable); environment risk assessments and fire risk assessments. The registered manager confirmed that additional risk assessments would be developed to address other potential risks for people such as risk of falling.

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 registered manager maintained a detailed overview of incidents which identified action taken and any lessons learnt to minimise the potential for recurrence and ensure best practice.

A basic 'business continuity and emergency planning' document had been produced which outlined the action that would be taken in the event of late visits; utilities failure; adverse weather; a pandemic and / or a force majeure situation. 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 Care Plus Homecare Services was providing personal care to 50 people who were living across the Handforth; Wilmslow; Alderley Edge and Congleton areas of Cheshire. The service employed one registered manager; a care coordinator and 29 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 and the delivery of care to people.

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.

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 'work schedules' undertaken by staff. We noted that travelling time had been allocated to staff since our last inspection so that staff had time to travel in-between visits to avoid 'call cramming'. Since our last inspection, the provider had also established a record of any missed visits. Records highlighted that there had been five missed calls in the last 12 months. We noted that the records had been entered using a pencil and received assurance that permanent ink would be used for all future records.

Packages of care varied according to each individual's need. The registered manager and care coordinator confirmed that wherever possible the service endeavoured to deploy the same staff to support people using the service to ensure continuity of care 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 three staff files. In all of the files we found that appropriate checks had been made to ensure that prospective employees were suitable to work with vulnerable adults. Files viewed contained application forms; two references; disclosure and barring service (DBS) checks; proof of identity including photographs, and health declarations. A DBS check aims to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We noted that the application form template used by the agency stated: "Please give details of previous employment (must cover the last 5 years including periods of employment and career breaks)." We highlighted that the management team needed to ensure that prospective applicants provided a full employment history as required by the CQC (Registration) Regulations 2009. The managing director and registered manager assured us that they would take action to update their application forms to ensure a full employment history was obtained.

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 eight "care concern" incidents, which had been referred to the local authority by the service during the last year.

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 we spoke with also reported that they had access to personal protective equipment for the provision of personal care.

Since our last inspection, the provider had taken action to provide infection control training for staff.

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided by Care Plus Homecare Services Ltd 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: "Staff always ask before doing anything for me. They don't assume. I choose what I want. Staff are good. They do know what they are doing"; "I have a set programme. I like it and agreed to it. Staff are efficient, always asking me about things" and "We are involved in everything. Staff leave extensive notes for us which is really helpful. They [management and staff] make sure she is okay for us. There is lots in place. My mum speaks highly of them."

At the last inspection in April 2016, we found a breach of the regulations relating to 'staffing'. This was because the registered person had failed to ensure that all staff had received appropriate training for their role.

At this inspection we found that action had been taken to address the breach. For example, discussion with staff and examination of training records confirmed staff had been supported to complete training in mandatory subjects such as fire, infection control and first aid. Additionally, staff had received training in other subjects relevant to their role such as the Mental Capacity Act 2005 and dementia training.

We were informed that training was delivered to staff using a range of methods which included: training videos and assessments; internal staff who had completed "Train the Trainer" accreditation and private training providers and consultants that had been sourced by the provider.

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.

Records showed that only one member of staff had completed end of life care training. The registered manager informed us that this training was available to staff via distance learning and that more staff had completed this training than was reflected on the training matrix. We received assurance that the matrix would be updated and that any outstanding learning needs for staff would be addressed.

Staff we spoke 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. Records showed that there had been only one team meeting for staff working in the Congleton area and one meeting for staff working in the Wilmslow area during the year. Variable frequencies were noted for staff supervision.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The provider information return indicated that none of the people who used the service were the subject of an order by the Court of Protection that resulted in the care provided restricting a person's liberty, rights and / or choices and this was confirmed during the inspection.

At the last inspection in April 2016, we found a breach of the regulations relating to 'need for consent'. This was because the registered person had failed to ensure that all staff had the necessary knowledge to work within the framework of the (MCA).

At this inspection we found that action had been taken to address the breach. For example, we saw that policies had been developed for staff to reference relating to the MCA and Deprivation of Liberty Safeguards (DoLS). Management and staff spoken with demonstrated a satisfactory understanding of their roles and responsibilities in regard to this protective legislation and confirmed they had also completed training in the MCA.

The management team 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. We saw an example during our inspection of how the agency had worked in partnership with a person using the service, family members and a social worker to arrange for an assessment of capacity for the person concerned. This was to establish whether the person had capacity to make an informed decision regarding the care provided.

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 we spoke with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going 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 Care Plus Homecare Services Ltd to be caring. People spoken with were complimentary of the service and the standard of care delivered.

Comments received from people using the service or their representatives included: "Staff are very kind. They come in and say "Morning" and "Hello". Very pleasant. They close the curtains when washing me. Go above and beyond. Very thoughtful"; "I'm treated with dignity and respect and they [staff] are ever so kind" and "They [staff] look after Mum well. They never rush her, give her time and care for her. Always checking if she is okay. Marvellous."

The registered provider had developed a list of standards that people using the service could expect to receive such as respecting people's rights and dignity, promoting their independence and the provision of staff with the right knowledge, skills and competence to meet people's needs.

People using the service confirmed they were treated with dignity and respect by staff and that their privacy was protected. People spoken with were appreciative of the opportunity to live independently in their own homes with varying levels of support and told us that staff responsible for the delivery of personal care and support were kind and considerate, understood their needs, routines and preferences and were responsive and attentive.

Staff we spoke with told us they had attended training to help them understand their role and responsibilities and the needs of people using the service. Staff also informed us that they had been given opportunities to familiarise themselves with information on the needs of people using the service such as their assessments; support plan and timetables and risk assessments.

Due to Care Plus Homecare Services Limited operating a domiciliary care service, the inspection team was unable to undertake extensive observations of the standard of care provided to people as people were living in the privacy of their own homes.

However, we spoke with 17 people who used the service and 18 relatives by telephone and undertook home visits by invitation to a further three people's homes. We received feedback and observed that people were treated with dignity and respect and valued by the management team and staff. We also saw that staff took time to knock on people's doors and requested permission to enter people's homes in the course of their duties.

Staff spoken with demonstrated a commitment to the wellbeing of the people they cared for and the value base of social care such as, promoting and supporting dignity, citizenship, independence and safety; respecting and acknowledging individual's personal belief and identity, and protecting individuals from abuse and harm.

Information about people using the service was stored securely in the organisation's office and information held on computers was password protected. Likewise, staff we spoke with understood the need to store records relating to the people they cared for safely in their homes to ensure confidentiality and to return records to the office at regular intervals for filing.

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided by Care Plus Homecare Services Ltd 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: "Oh they [the staff] are very regular. I've no complaints"; "I am involved with mum's support. I'm always talking to the office and they don't mind. Sometimes things happen but it's sorted right away. They are very good"; "I don't have any complaints. If I did I know who to speak to" and "If there are any changes, the office always keep me updated."

At the last inspection in April 2016, we found a breach of the regulations relating to 'person centred care'. This was because the registered person 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. At this inspection we found that action had been taken to address the breach.

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

We found that files had been updated to include a new 'customer care needs assessment', however detailed information on how the needs of people using the service were to be met was still not in place to provide direction for staff. For example, one assessment viewed indicated that "carers will need to support X [a person using the service] with his catheter" however there was no detailed guidance in the form of a care plan for staff to follow.

We recommend that the registered manager develops more detailed care plans, to ensure staff have access to more detailed information on how best to support people using the service.

Supporting documentation was available in each file such as a 'support plan and timetable' (which included basic information on tasks to be completed at each visit); medication prescription records; manual handling assessments (where applicable); environment risk assessments; fire risk assessments; service user agreements and communication records.

We noted that some documents within people's files had not been signed or dated and there was no space for people using the service to sign to confirm their involvement and agreement with the information recorded. However, people spoken with confirmed that they had been involved in the assessment process and agreed the level of care to be provided.

We recommend that all outstanding records and documents used by the provider are updated to enable people using the service to sign to confirm their involvement and agreement with the information recorded.

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 log for the service. Records detailed that there had been one complaint in the last 12 months. Although the complaint log contained limited information on the details of each complaint, we were able to review supporting documentation which confirmed that complaints had been acknowledged and acted upon.

No complaints, concerns or allegations were received from the people using the service during our visit.

People using the service and / or their representatives 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 Care Plus Homecare Services Ltd to be well led.

Overall, people spoken with confirmed they were satisfied with the way the service was managed and that they knew who the registered manager of the service was. No direct comments were received.

Care Plus Homecare Services had a manager in post who had been registered with the Care Quality Commission since December 2014. Records viewed confirmed the registered manager had experience in the adult social care sector and had completed the level five Diploma in Leadership for Health and Social Care.

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

It is a legal requirement for registered providers to display the ratings of their most recent inspection visit for people to refer to. Prior to our inspection we checked the provider's website and found that there was a link to an out-of-date inspection report dated 14/02/2014. This was misleading to the public as the first rating inspection of the service was undertaken on 18 and 19 April 2016. Furthermore, the provider was failing to display a sign showing the most recent rating by CQC.

We raised this issue with the provider on the first day of our inspection and noted that action had been taken to address this breach by the second day of our inspection.

We noted that the registered provider had developed a 'Quality Assurance Policy' which detailed that "The owner and management team bear the responsibility for establishing, maintaining and implementing a quality management system." The policy indicated that a system was in place to ensure the regular gathering and monitoring of feedback from people using the service or relevant person.

At the last inspection in April 2016, we found a breach of the regulations relating to 'good governance'. This was because the registered person had failed to ensure that effective systems were in place to assess, monitor and improve the quality of the service. At this inspection we found that action had been taken to partly address the breach however the system was not robust.

For example, we asked the management team to share with us details of their quality assurance, management information and auditing systems to demonstrate how the service maintained an overview of key areas such as the management of medicines; service user records; staff records; missed visits; staff training, supervisions and spot checks etc.

We noted that action had been taken to introduce records for missed visits, to file and organise records relating to people using the service and staff and to update staff training records. We also saw that the

registered manager had introduced a 'Medication Administration Record (MAR chart monitoring record)' and had started to maintain a log of MAR charts returned to the office.

However, the monitoring records viewed contained significant gaps. Furthermore, records did not provide detail of the scope of the audit for medicines management or provide assurance that MAR records were being effectively monitored on a regular basis. This information is essential when managing a dispersed service in order to verify that any issues are identified promptly and are acted upon. Likewise, we also asked to view customer monitoring visit audits. We could see that this information had been recorded within the organisation's electronic CARAS system but it was not possible to obtain an overview.

On the second day of the inspection, the registered manager shared with us evidence that they had started to explore options for quality assurance systems suitable for a domiciliary care service with external consultants.

We noted that an annual customer survey has been 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 care plan had been completed prior to the service commencing and if it had been reviewed; consistency, performance and reliability of staff; experience of communicating with office staff and feedback on the service including the management of any complaints.

The results had been analysed and a pie chart had been produced to provide a breakdown of the overall responses. Records indicated that feedback was positive for each question however questions relating to the arrival time of staff and notification of changes to carers 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 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.

Periodic monitoring of the service was 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). We contacted a representative from the team prior to our inspection who informed us that they had no current issues with the provider. We noted that the provider's last action plan from the team had been completed and signed off during November 2016.

The manager of Care Plus Homecare Services is required to notify the CQC of certain significant events that may occur. The registered manager informed us that there had been no notifiable incidents of abuse or allegations of abuse in relation to people using the service. We could see that the provider had complied with their duty of care and raised some care concerns with the local authority to safeguard the welfare of people using the service.

Information on Care plus 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.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure that effective systems were in place to assess, monitor and improve the quality of the service.