

A Plus Caring Ltd

# A Plus Caring Ltd

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

About the service: A Plus Caring Ltd is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats.

People's experience of using this service:

People told us they felt the care and support they received was safe. Staff received training in safeguarding and they knew how to report their concerns internally and externally to safeguarding authorities.

People told us they could rely on staff coming to visit them, however they were not always sure what time staff would turn up. They told us recent staff's departure meant that there were at times late visits as there was a shortage of staff. Relatives confirmed this and told us that there were occasional missed visits and staff were not always able to turn up at the agreed times.

Following the inspection, we received concerns from members of the public that the service was cancelling visits to people because they had not had enough staff to ensure staff's absences could be covered on short notice.

Staff received training in some subjects considered mandatory by the provider, however their practical knowledge and competencies were not observed by the registered manager. Training for staff to understand how to care for people who lived with dementia was not provided.

Relatives of people who lived with dementia did not know if the support recorded in people's care plan had been provided by staff. They told us at times they were not happy with the quality of the care provided.

People and relatives told us the registered manager had not always listened to their concerns when they raised issues with them. Concerns or complaints were not recorded or responded following the provider's complaints policy.

People and relatives told us staff were kind and caring. People's dignity and privacy was protected.

Care plans were developed when people started using the service, however risk assessments were not developed for each identified risk to people's health and wellbeing.

People told us staff were adapting and were responsive to their needs and supporting them the way they wanted.

The service operated for just over a year and some of the provider's policies and procedures needed further developing to ensure they were based on current legislation and best practice guidance.

The registered manager monitored the quality of the service through audits and feedback received from

people and relatives, however there was no evidence that improvement to the service were implemented.

Rating at last inspection: This was the first inspection of the service since they registered with the Care Quality Commission on 20 December 2017.

Why we inspected: This was a planned inspection.

The overall rating for this service is 'Inadequate' and the service therefore is in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures

Following the inspection CQC reviewed the concerns and took appropriate action.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not always safe

Details are in our Safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective

Details are in our Effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring

Details are in our Caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive

Details are in our Responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not always well-led

Details are in our Well-Led findings below.

# A Plus Caring Ltd

## Detailed findings

### Background to this inspection

The 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 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type:

A Plus Caring Ltd is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. A Plus Caring Ltd provides care and support to older people, younger adults, people living with dementia, people with a physical disability and people with sensory impairments. Not everyone using A Plus Caring Ltd receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 22 people receiving the regulated activity of personal care at the time of the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the provider.

Notice of inspection :

We gave the service 48 hours' notice of the inspection site visit because we needed to make sure that the registered manager would be in.

Inspection site visit activity started on 22 January 2019 and ended on 02 February 2019. It included visit to the office and telephone calls to people and relatives to get feedback about the service they received. We visited the office location on 22 January 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

#### What we did:

Prior to this inspection we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse. We also assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with two people, four relatives, four staff members and the registered manager. We reviewed three care plans for people, three staff employment files, the providers policies and procedures and reviewed other records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about people's safety. There was an increased risk that people could be harmed.

At this inspection we found the provider in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments were not always developed for identified risks to people's well-being.

Assessing risk, safety monitoring and management:

- People had their needs assessed before they started using the service and the assessment detailed any identified risk to their health and wellbeing.
- Risk assessments were not developed for each identified risk people had. For example, one person had been identified at risk of choking. There was no risk assessment in place to give staff guidance on how to keep this person safe when they supported them. Their care plan instructed staff to cut their food up in small pieces but with no further detail.
- For people who needed support with their mobility care plans needed further developing especially if the aid of a hoist was needed to be able to transfer from their bed to chair and back.
- Staff told us they had only on-line manual handling training and when they shadowed a more experienced care staff they were showed how to use equipment in people's home. Their competency to use equipment safely was not assessed. Staff told us they used the hoist on their own and could not tell us if this was the correct procedure or not. Care plans had no detail about how many staff were required to carry out hoisting and what slings were to be used.
- Risk assessments instructed staff on what equipment had to be used and what measures were in place to mitigate risk. However, these instructions failed to ensure staff knew how to use this specialist equipment safely.

At this inspection we found the provider in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not enough staff employed to meet people's needs in a timely way.

Staffing and recruitment:

- People, relatives and staff told us there were not enough staff provided to support their family members. Some people and relatives told us this impacted on them by staff being late on occasions and cancelling or missing visits. One person said, "I never know what time they will be coming but they turn up eventually." A relative told us, "The staff are nice but the service is not reliable. They hardly have any staff."
- Two members of staff told us they worked set days and had their regular clients. Two staff we spoke with told us they often worked long days and were always in a rush as travel time was not factored in between visits. One staff member told us there were only five staff working for the provider at the time of the inspection as high numbers of staff had left in previous months. One staff member said, "What can I say? A

lot of staff left because the pressure we work under. We don't have enough staff and sometimes if staff ring in sick, visits have to be cancelled. I am planning to leave as well."

- The registered manager told us they had started to use an electronic monitoring system where staff were required to log in on their mobile devices when they arrived at a person`s home and when they left in order to monitor late and missed calls more effectively. At the time of this inspection data from this system was not available. The registered manager told us they recorded late and missed visits manually, however they could not show us evidence of this as the record was left at their home address.
- Staff underwent employment checks prior to their appointment which ensured they were of sufficiently good character to provide care.

Learning lessons when things go wrong:

- Continuous learning when things went wrong was not an embedded practice in the service. Relatives told us they raised concerns via e-mails and telephone conversations with the registered manager, however these were not logged as complaints and no lessons were learned or shared with staff to improve the service.

Systems and processes:

- People and relatives told us staff delivered support in a safe way. One person said, "I feel safe when they (staff) are here." A relative said, "I think [person] is safe. They never raised any concerns about how staff helps them."
- Staff we spoke with knew what safeguarding meant and what their responsibilities were in terms of identifying and reporting potential abuse. Staff told us they knew where to find information about external safeguarding authorities to report concerns under the whistleblowing policy.
- Staff had to complete on-line safeguarding training and they told us that at the end of the session they had to complete a questionnaire to pass the course. However, there were no competency assessments or regular safeguarding updates for staff in between the yearly refresher training.

Using medicines safely:

- Staff administering medicines were trained and had their competencies checked. Medicine administration record (MAR) charts were signed by staff when they gave people their medicines. The registered manager completed monthly MAR chart audits to ensure staff administered people`s medicines when needed

Preventing and controlling infection:

- Staff told us they followed infection control procedures and had equipment to use like gloves and aprons when they offered people personal care.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At this inspection we found the provider in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not received training relevant to their roles and their competencies in safe manual handling techniques were not observed.

Staff skills, knowledge and experience:

- Staff had limited opportunities to develop their knowledge further as the provider only arranged on-line training in subjects considered mandatory. However, this was not enough to up-skill staff and develop their knowledge to ensure they were competent in meeting people`s needs.
- The registered manager observed staff`s competencies in the administration of people`s medicines, other aspects that related to the staff competencies such as manual- handling practical observations were not carried out.
- Staff were not confident that they had correctly assisted people when we asked them questions about manual handling procedures. For example, if specific people required the assistance of one or two staff members to support them and what type of hoist was required.
- Staff had not received training in understanding how to support people who lived with dementia. This meant that there was a risk that staff were not aware of current best practice when supporting people who lived with this condition. The registered manager told us they would be making this training available for staff.
- Staff told us there were limited opportunities for them to attend staff meetings and not all the staff we spoke with had regular supervisions. Two staff told us they were not supported to carry out their roles effectively and two staff told us the registered manager was available for support if they asked for it.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People`s needs were assessed before they started to use the service. Guidance for staff was in place in form of a 'description' of the routine they had to follow each time they visited people.
- Care plans were well developed in terms of informing staff about how people liked to be supported, however there was little evidence of how current best practice guidance was used when care plans were developed and how to provide care effectively. For example, in relation to risk management, moving and handling and dementia care.
- People were paying for their own care which meant they had signed a contract where they agreed and consented to the care they received.

Supporting people to eat and drink enough with choice in a balanced diet:

- Some people were supported by staff to eat and drink. One person said, "They (staff) makes my breakfast and helps me with lunch and they come back in the evening as well." Staff told us they recorded if people were not eating or drinking the usual amount and alerted people`s relatives. More details were required in care plans to ensure staff knew when to alert other health professionals in case where people were at risk of malnutrition and dehydration.

Staff working with other agencies to provide consistent, effective, timely care:

- There was little evidence that staff had involved other agencies in people`s care. The registered manager told us they were still developing this area of the service.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- People told us staff checked with them if they were happy and agreed with the care and support they received consent forms were signed by people or their relatives if appropriate.
- People who used the service or their relatives paid for their own care. This meant that when they employed A Plus Caring Ltd they agreed and consented to the support they needed and signed an agreement.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

RI: People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity:

- People told us individual staff members were caring and nice to them but the service was unreliable. One person said, "The girls are all nice I just don't know when they are coming." A relative said, "The staff are nice but the problem is they leave because they have too much to do and this leads to visits being cancelled."
- People were not supported by an organisation which had systems and processes in place to ensure staff were enabled to deliver support in a caring way. Staff told us they often re-organised the visits to make sure they worked more efficiently and not lose time. This meant that visit times to people changed almost daily and people were not always able to plan their time as they depended on staffs' support.
- Travel time was not factored in between visits and people were told that company policy allowed staff to arrive half an hour earlier or later than the agreed time.
- People told us staff knew their likes, dislikes and preferences and their privacy and dignity was protected.

Supporting people to express their views and be involved in making decisions about their care:

- People were involved in the initial assessment when they agreed what support needs they had.
- Relatives told us staff communicated when people's needs changed so that the support they received could be changed to meet their needs.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was promoted.
- Confidentiality was maintained in regards to people's personal information, however staff used a group conversation on mobile phones without having clear guidance on what they could share on this safely. The provider's confidentiality and information sharing policy was not based on most current legislation. The registered manager gave us assurance that they would be updating their policy as a matter of urgency and ensure staff were updated on how to share information safely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs

RI: People's needs were not always met. Regulations may or may not have been met.

At this inspection we found the provider in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because complaints were not recorded, investigated and actions were not taken to improve the service.

Improving care quality in response to complaints or concerns:

- The registered manager told us there were no complaints received since they started the agency, however relatives told us they had to raise concerns several times via e-mails and telephone conversations. These were not recorded and the registered manager had not responded to these in line with the providers policy. One relative said, "I raised issues several times via the phone and e-mail. I don't get any response really." Another relative said, "I am not happy at all. I don't find the [registered] manager responsive or improving on anything I asked."
- In one person's care plan we found a record of a meeting held with the person who complained that staff turned up earlier than they wanted in the evening and they could not watch their favourite TV series because they had to go to bed early. The response from the registered manager to this had been to inform the person that staff can arrive 30 minutes earlier or later and they should adapt to this otherwise they could not provide support to them.

End of life care and support:

- At the time of the inspection the service was not providing end of life care to people.

Personalised care:

- People's care plans were personalised with information about their likes, dislikes and preferences. Care plans detailed information about what was important to people and daily routines.
- Staff could tell us what people liked and disliked and how they ensured the care people received was personalised.
- Relatives told us at times staff were not able to deliver the agreed support to people. They told us that staff had not had the right approach towards people who lived with dementia for example if people refused a bath staff did not try other methods or approaches to try and encourage the person to take a bath.
- Staff told us they talked to people and tried to make their visit pleasant for people.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At this inspection we found the quality assurance processes used by the registered manager were ineffective and did not pick up on the issues identified at inspection. These included concerns with staffing, records, policies, risk management, recording and responding to complaints, and a lack of training and support for staff. We found the provider in breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Staff told us they knew their roles and responsibilities and they did their best to ensure people could rely on them for support.
- The registered manager told us they carried out spot checks to ensure staff were working at expected standards. However, none of the staff we spoke with had been the subject of any spot checks. They told us many staff members left because of the lack of support. This meant that the service had to cancel visits to people and remaining staff were under pressure to work more hours.
- Governance systems used by the registered manager to monitor the quality of the service provided was not effective as it did not identify the issues we found on the inspection. The registered manager following the inspection told us they were taking steps to improve the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People we spoke with did not know who the registered manager was. Two relatives told us the agency was not well managed and the registered manager was not listening to them when they reported concerns. Two relatives were happy with the support their family members received and told us they felt confident to report their issues.
- Two staff we spoke with told us they felt they were not effectively supported by the registered manager, another two staff said they could contact the registered manager for support if they needed it. They told us there were not enough meetings where they could voice their concerns and they did not feel their opinions mattered. Staff told us they often had to re-organise their visits to people because office staff were not knowledgeable about the times people liked to be supported.
- The culture of the service was not always open and transparent. Complaints received verbally or e-mails were not logged, responded to and opportunities to improve the service were missed.

Engaging and involving people using the service, the public and staff:

- People and relatives told us they were reliant on the service to support people to remain in their own home. However, for some people the service proved not to be unreliable.
- The registered manager told us they visited people to seek feedback about the service. We saw surveys completed by staff when they carried out reviews for people in three care plans we reviewed. Staff`s survey had not been carried out since the service operated.

Continuous learning and improving care:

- There was no evidence of continuous learning at the service. Complaints were not used as opportunity for improvements and high turnover of staff did not prompt the registered manager to conduct exit interviews or to address the concerns in order to help increase the retention of staff

Working in partnership with others:

- The registered manager told us they were still developing this area of the service. They recently contacted the local authority to develop partnership working.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure risk assessments were developed for all identified risks to people`s well-being. The provider failed to ensure that there were enough staff to carry out visits to people at the agreed time. At times visits to people were cancelled at short notice leaving people at risk of not receiving the support they needed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider failed to respond appropriately to complaints. Complaints were not recorded, investigated and actions were not taken to improve the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure there were enough staff appropriately trained to meet people`s needs safely and effectively.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality assurance processes used by the registered manager did not identify areas where improvements were needed to ensure people received safe care and support.</p> <p>Not all the provider`s policies and procedures were based on current legislation.</p> <p>Care records were not always developed to give staff sufficient guidance on how to meet people`s needs safely.</p> <p>There were not enough staff employed to ensure all visits could be carried out at the required times.</p> <p>Complaints were not recorded and responded to.</p> <p>Staff were not offered sufficient training and support to understand and carry out their roles effectively.</p>

### The enforcement action we took:

We issued a Notice of Proposal for Positive conditions to ensure that the registered manager regularly sends us information about how they improve the service.