

Care Plus Essex Limited

Care Plus Essex Limited part of Manorcourt Care

Inspection report

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04 October 2018

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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

Care Plus Essex Limited part of Manorcourt Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using the service receives regulated activity; 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.

This inspection started on 03 October 2018 and ended on 04 October 2018. The inspection was announced. At their last inspection on 10 August 2015, we found one area that required improvement. The service did not have a robust process in place for missed calls and not all staff had their competency assessed following their medicines training. At this inspection, we found they now met all the standards.

There was a manager at the service who had been in post for five months. The manager had applied to be registered with the Care Quality Commission (CQC) as manager. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People received their medicines safely and staff competency was assessed prior to them administering medicines. People were supported by sufficient numbers of staff to ensure risk of harm was minimised. The new manager had reduced missed calls and was monitoring this proactively.

Potential risks to people had been assessed and managed appropriately by the manager. Staff had been recruited appropriately and had received relevant training so they were able to support people with their individual care and support needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy diet, which considered their culture, needs and preferences, so their health was promoted, and choices could be respected. Access to healthcare professionals was supported.

There were positive relationships between people and members of staff. Staff treated people with kindness and took the time to get to know them and their interests whilst providing their care. The service had involved people in developing their care plans to ensure care was provided in the way they wanted it to be.

The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. People's views on the quality of the service were gathered and used to support service development. People using the service, their relatives and staff were confident about approaching the manager if they needed to.

Further information is in the detailed findings below.

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.

People told us they felt safe. Staff were aware of their responsibilities in keeping people safe. The staff recruitment procedures in place promoted people's safety.

Appropriate arrangements were in place for the safe administration of medicines.

Staffing levels were now sufficient and flexible to meet the needs of people who used the service. This and careful roster management had reduced missed calls.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained well led.

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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.

This inspection took place between the 02 and 04 October 2018 and was announced. We gave the service notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure staff would be present in the office. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the office of the service or visit people at home, but spoke by telephone with people and relatives of people who used the service.

At the time of this inspection, 50 people were using the service.

Prior to the inspection, we gathered information from several sources. We reviewed the information we held about the service, which included notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

On 02 October 2018, we visited the service's office to see and speak with the manager. We looked at the care records of eight people and three staff files as well as the medicine management processes and records that were maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service. On 03 October 2018, we visited two people who received support at their homes to ask their opinions of the service and to check their care files. We also spoke with a member of staff and a relative during one of these visits. Following these visits, we spoke with another five members of staff,

eight people and two relatives by telephone.

Is the service safe?

Our findings

At the last inspection, we found there was not a robust process for monitoring missed calls and not all staff were having their competency assessed following medicines training.

At this inspection, we found the new manager had taken appropriate action to reduce the levels of missed calls occurring at the service. When we reviewed the missed calls log for 2017, we found the levels of missed calls had increased. However, since the new manager had started work in April 2018 these missed calls had significantly reduced. We found they had increased staffing levels, organised and sent out rotas more effectively and improved communication with staff. They said, "I was used to electronic monitoring systems in my previous role and I could see without this in place the communication to staff needed to improve." The manager told us increasing staff had also helped as there were less rota changes and now any change to the rota was communicated to staff and was not added until staff acknowledged they had received the change. They had not missed any calls since May 2018.

Prior to May 2018 we saw the impact to people from missed visits was quite low as the person could either manage or relatives were able to provide support, however although the manager had improved communication we discussed that potential risks to people could still remain if the office was unaware a person had not received a visit. The manager told us at present they had not highlighted anyone who would be at significant risk if a call was missed but would put in extra monitoring if anybody in the future was identified as being at risk. The manager told us the provider was looking at various electronic monitoring systems that could be effective.

People and their relatives told us there were no missed visits and if staff were going to be late, office staff rang to let people know. One person told us, "Timing is pretty good with no missed calls. Always stay the time with us both." Another person said, "Yes as we both get a weekly rota telling us who is coming with the times on. They do swap and change the carers though but all nice and new ones do introduce themselves." A relative said, "They are very good on time with no missed calls so far. They will ring if running late due to traffic and always stay the full half hour."

Staff confirmed they were made aware of any rota changes and there were sufficient staff to meet people's needs. One staff member said, "Yes, even though I am bank they tend not to overrun staff and they ensure they have time to care." Another member of staff said, "Yes, there is definitely enough staff but you don't get driving time, I have said this before they don't always think of time between homes." We discussed this with the manager who told us they did put regularly gaps into the rota but the system would only enable them to put in gaps of 15 minutes and they had tried to organise the rota so calls were close with only a few minutes apart. They were looking at whether the system would enable them to put in more accurate travel time.

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working with people. The risk assessments were personalised to meet people's needs. We noted in one person's care plan, a step-by-step guide to move them safely. Additional risk assessments were completed in relation to health and safety and environmental considerations.

Staff had been provided with safeguarding training and understood how to recognise abuse and report allegations and incidents of abuse. Staff were good at communicating concerns to senior staff who notified relevant agencies when they were concerned with the safety of a person.

People and their relatives told us they felt safe. One person said, "Oh quite safe. They take me out down town in my wheelchair once a week and I feel most safe knowing they are there to support me while shopping. They also care for my wife and they are most careful when helping us to wash and dressing us so we don't fall. I am permanently in my wheelchair all day and my wife has a walking stick but that's all." Another person said, "I certainly do. I am practically blind but they come to bed turn and when I shower they wait by the door making sure I have managed safely and had no incidents. That gives me a great peace of mind."

People were supported safely with their medicines and told us they were happy with the support they received. They also confirmed appropriate infection control processes were followed and staff wore personal protective equipment (PPI). One person said, "I have tablets at night which they get out for me with some water and make sure I take them. They also do my eye drops in the morning and at night as well. They wear gloves and aprons when bathing me." Another person said, "Well I do take my own but can forget so when they come in the evening if I have forgotten they get them out and put them in front of me in a pot and watch while I take them. I usually take them at lunchtime but like I say do forget so good they check on me! Yes, always wearing gloves and an apron if I want a wash."

Office staff clearly investigated where incidents and accidents had occurred and the whole service learnt lessons where mistakes were made. Action was then taken, for example care staff received reminders in team meetings or memo's.

Is the service effective?

Our findings

The service remained effective. People's needs had been fully assessed to identify their care needs and how they wanted their care provided. This was a comprehensive assessment covering a range of areas, such as personal care, communication, personal history and religion.

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role. One staff member said, "I joined last September, I had a week training course. Yes, it was useful." Another staff member said, "It was good, very thorough." Staff undertook an induction and refresher training to maintain and update their skills and knowledge.

Staff completed mandatory training, in areas such as management of medication, introduction to health and safety, infection control, fire safety, risk assessments, first aid, food safety, nutrition and hydration, safeguarding adults and children, awareness of mental health, dementia and learning disability. Mandatory training is training the provider thinks is necessary to support people safely. The manager told us training in specific subjects to provide staff with further relevant skills were also undertaken, for example stoma care and palliative care. We saw one person was using a specific slide sheet for movement and staff had received training in how to use this effectively.

People and their relatives were very complimentary about the competency of the staff. Comments included, "I am well happy with the carers and their training.", "Yes all their skills are ok in my opinion. They are all so lovely and polite", "All the carers are a good lot. No issues with their training and skills at all", "They have been very good in dealing with [family members] advanced Parkinson's, very patient and friendly and kind."

We checked records of staff supervisions, yearly appraisals and medicine competency assessments. The records showed support staff had been provided with supervision and, where they had been employed for over a year, a yearly appraisal for development and support. All the staff spoken with said they could approach the manager at any time if needed. This showed staff were appropriately supported. One staff member said, "Not yet but I have one booked in, my shadowing was appraised." Another staff member told us, "I have had supervision but it was more of a progression review."

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. For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA, so staff had access to important information. We found the service was working within the principles of the MCA.

The care plans we checked all held signed consent to care and support records to evidence people had

been consulted and had agreed to their care plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support. One person said, "They came out and asked what we required, we know what's in the file." Another person said when we asked if staff asked for their consent, "They do after always asking how I am today with a smile." A third person said, "Certainly do. They ask if I want a wash as sometimes I don't, yes very caring and thoughtful."

People we spoke with told us they were happy with the support they received from staff with meals and drinks. One person said, "They get my cereal for breakfast with a drink and at lunch sometimes a ready meal in the microwave or something on toast if I fancy to have that. They always give me drink with it too. The mature carers are best as the young ones don't seem to know how to cook if not in a microwave. One young one didn't know how to do me scrambled egg. She does now!"

The service worked with external health and social care professionals such as the occupation therapists team, to ensure people were provided with the best possible care and support and had the equipment to enable independence. We saw in one care plan collaborative work undertaken by the occupational therapist and the service had ensured the person received the correct equipment and method to support staff to move them safely.

Is the service caring?

Our findings

The service remained caring. Feedback from people and their relatives was positive. Comments included, "We are both very happy with the carers and the care they give to us. All very nice and good", "Yes, they display complete care and kindness toward both of us when they come", "I am very happy with the carers they understand all my needs. They are all nice caring and chatty and I like that", "Like I said all the carers are a good lot and very caring and supportive toward both of us", "Yes they are all caring and nice. Yes, kind and considerate toward me always", "Yes all of them do I am very happy with all of them. They care, know what I mean", "They are all so lovely and caring toward me I regard them as family", "Very much so all of them in my opinion "and, "They have been very considerate toward [family members] condition when they came, all caring and friendly."

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. During one of our visits, we observed a staff member asking the person what they wanted for lunch. People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. They provided information of how the person wanted to be supported.

Staff told us they enjoyed their role and committed to achieving the highest quality of care for each person. They told us how the recent change in management had improved the quality of the service being provided and the level of support their received. One staff member said, "It is really good care. I recommended my Nan who now receives care."

Regular spot checks were undertaken whereby management staff would observe staff performance and seek the views of the people receiving care. These checks asked people about the caring nature of the staff and if improvements were required. This ensured staff delivered a consistently level of support. Staff also understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know.

People receiving support told us staff were always respectful, maintained their privacy and encouraged their independence. One person told us, "They [staff] are very respectful." Another person said, "Very good with both of us. [Family member] has them once a week for a bath and they close the door and ensure they are kept warm and wrapped up. They stand ready by me when I am washing making sure I have covering over me." A third person said, "Yes as had two calls originally for a few weeks but cut it down to one as I got to feel better and didn't need them."

Is the service responsive?

Our findings

The service remained responsive. People and relatives we spoke with told us they received care and support based on what they needed and in the way, they liked. One relative told us, "[Named person] likes an early call and lately this has been very good. We had tried before to get it earlier but it wasn't possible, this time when we spoke with [named manager] they did it for us."

We found the care plans were personalised with information about people's preferences and the routines they liked to follow in their daily lives. Staff said they tried to provide care which met the expectations of the person receiving the service. They said they always asked them or their relative when this was appropriate how they preferred things to be done and at what times. One staff member said, "I found out a lot about people's preferences when I was shadowing and the care plan gives you a good overview."

Where a person had requested only female care staff, people and relatives told us this was respected. One person said, "My stipulation is just to have ladies, no men which they honour." Another person said, "I have just ladies but did have a man some time ago. I prefer ladies but happy to have a man in emergencies which they know."

Staff told us when they reported changes in people's needs and abilities to the management team they followed this up. One staff member told us, "There are times where people might need more time due to their needs. We do inform the office if a person needs changes and requires more time. During our visit, we noted the manager was in communication with a social care professional about a person they considered needed more support."

People told us their care records were updated. One person told us, "[Named staff member] came to reassess us just recently." Another person said, "I do my care plan with them and have a copy here. Do it for both of us. It is reviewed and all up to date and have a copy here." A third person said, "My care plan is reviewed twice a year and they come here and do it with me. Yes, got a copy here."

The provider had a complaints policy in place and we could see complaints were dealt with promptly and the outcome recorded. We saw one complaint where a staff member's work performance was questioned. Information included a meeting with staff member concerned. People we spoke with told us they had the information they needed if they ever had cause to complain.

At the time of our inspection, the service was not supporting anyone who required end of life care. Some staff had completed end of life training which was available for all staff to develop the skills required should this be needed in the future.

Is the service well-led?

Our findings

The service remained well led. People who used the service and their relatives told us they considered the service to be well managed. One person told us, "We are both very happy with the carers and with the service provided. Very well managed." Another person said, "I do. I have no complaints it is a very good well run service in my opinion." A relative told us, "In the time we have had them it appeared to be well run with good carers, yes all very good." When we asked if they would recommend the service to others, one person said, "Yes we would. Can't think of anything to be better at the moment." Another person said, "I would. Only thing that needs improving is telling me if carer is going to be late as they don't always do that, they need to do it every time so I know when they are coming." A relative told us, "Yes I would. They have very good caring carers. No improvements to think of." We gave the manager feedback about the comments from two people related to being informed when a staff member is running late.

The leadership at the service consisted of the manager, a duty manager, a care coordinator and two team leaders. The new manager had started at the service in April 2018. It was clear the new manager and their team had had a positive impact on the service provided and on the staff morale. Staff spoke positively of the new manager with comments including, "[Named manager] is lovely and always available if you need to talk", "Yes, I think they are great, I ask a lot of questions they always have time for me" and "They have all been a great help they have been there for me."

The service had systems in place to assess, monitor and improve the quality and safety of care provided by the service. Regular checks were undertaken of visit times and duration and in relation to people's care plans, risk assessments and medicine records. Where these audits and checks had highlighted areas of improvement, the management team had taken action. Records were clear, well organised and up to date. We noted detailed audits were carried out on medicine records to improve these. Staff received a letter immediately informing them if there was a recording issue. The manager told us they would organise additional training and support for anyone they identified as needing this.

There was a strong emphasis on continuous improvement and seeking people's views. Regular surveys were sent out to seek people's views and people were regularly visited in their homes by a member of the management team. During these home visits people were asked for their views about the care staff, the office staff, the quality of the support they received and asked about any changes they wished to make. This ensured people's views were at the forefront of the work being delivered. One person told us, "Yes had a paper survey which I filled in and sent back." Another person said, "I am not sure about the surveys but pretty sure I have and returned it."

The manager understood their responsibilities and conditions of registration. They knew about their responsibilities in keeping the Care Quality Commission informed of formal notifications and other changes. They had personally met with some people in their homes as they felt it assisted them to understand the needs of the service and how best to develop and grow in the future when they become the registered manager.