

The Housing Plus Group Limited

Care Plus

Inspection report

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Date of inspection visit: 9 November 2015
Date of publication: 29/12/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 9 November 2015 was announced. This was the services first inspection since registration.

Care Plus provides personal care to people in their own homes. There were 104 people using the domiciliary care service with most people residing in four supported housing schemes, however a small proportion lived in the community.

There was a new manager in post and they were in the process of registering with us. 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.

Staff knew what constituted abuse and who they should report it to if they thought someone had been abused.

Summary of findings

Risks to people were assessed and minimised through the effective use of risk assessment and staff knowledge of people and their risks. There were sufficient numbers of suitably trained staff to keep people safe. They had been employed using safe recruitment procedures.

Medication was administered by trained staff who had been assessed as competent prior to administering alone.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The provider worked within the guidelines of the MCA ensured that people consented to their care, treatment and support or were supported to consent with their representatives if they lacked capacity.

Care was personalised and met people's individual needs and preferences. The provider had a complaints procedure and most people knew how to use it.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people, which was kept up to date.

People were supported to eat and drink sufficient to maintain a healthy lifestyle dependent on their specific needs.

When people became unwell staff responded and sought the appropriate support.

Staff were observed to be kind and caring. Staff felt supported and motivated to fulfil their role. They knew how to whistle blow and felt assured that their concerns would be taken seriously.

The provider had systems in place to monitor the quality of the service. When improvements were required these were made in a timely manner.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were kept safe as staff recognised abuse and management reported suspected abuse. There were sufficient numbers of suitably recruited staff to keep people safe within the service.

Actions were taken to prevent harm to people following an incident that put them at risk. Systems were in place to ensure that people had their medicines safely.

Good



Is the service effective?

The service was effective. The provider worked within the principles of the MCA to ensure that people were supported to consent and make decisions with their representatives.

Staff were supported and trained to be effective in their role. People were supported to eat and drink. When people required support with their health care needs they received it.

Good



Is the service caring?

The service was caring. People were treated with dignity and respect. People were as involved as they were able to be in their care, treatment and support. People's privacy was respected.

Good



Is the service responsive?

The service was responsive. Care was personalised and delivered in accordance with people's preferences and regularly reviewed.

The provider had a complaints procedure which was available to people and their relatives.

Good



Is the service well-led?

The service was well led. There was a new manager in post who had plans in place to improve the service. Systems were in place to monitor the quality of the service and action was taken to make any required improvements.

Staff felt supported and positive about the new manager.

Good



Care Plus

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 on 9 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to be sure someone would be available to support us.

The inspection was undertaken by one 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 care service.

We reviewed information we held about the service. This included notifications of significant events that the manager had sent us, safeguarding concerns and previous inspection reports. These are notifications about serious incidents that the provider is required to send to us by law.

We spoke with 10 people who used the service and four relatives. With their consent we visited one person in their own home. We spoke with five members of staff, the training coordinator, manager and nominated individual.

We looked at four people's care records, the systems the provider had in place to monitor the quality of the service, staff recruitment files, staff work sheets, training records and accident and incident analysis. These records helped us understand how the provider responded to and acted on issues related to the care and welfare of people.

Is the service safe?

Our findings

One person told us they felt 'very safe'. Staff we spoke with all knew the signs of abuse and told us they would report anything they suspected to a senior member of staff. One senior member of staff gave us examples of when they had reported abuse to the local authority for investigation when they had received allegations of abuse from a person who used the service. We had received notification from the provider informing us of safeguarding issues they had raised. This meant that people were being protected from the risk of abuse.

Risks to people had been assessed and staff we spoke with knew the risks associated with the people they cared for. Where risks had been identified people's care plan described how care staff should minimise the identified risk. For example, risks assessments to support people with their moving and handling needs included the type of equipment and the number of carers needed to move the person safely. We saw that following an incident that could have resulted in harm to a person, a clear plan had been put in place to reduce the risk of the event happening again. Staff knew the plan and were following it correctly.

One person told us: "When the electric bed stopped going up and down, the carers notified the manufacturer and got it sorted quickly". When people required equipment to maintain their safety, staff told us they had been trained to use the equipment, such as a standing aid for one person. We saw records that staff used the standing aid when supporting the person to stand. This meant that people's safety was being maintained.

There were enough suitably trained staff to keep people safe and recruitment was on-going. Staff told us they had enough time in-between care calls to be able to get to people on time. One person told us that people were generally on time but occasionally late. The provider operated a system where staff logged into the system when they arrived at the person's house or apartment and logged out when they left. The manager was then able to identify any late calls and manage them individually. Staff told us that if they were running late they rang the office who then contacted the person to let them know.

Staff told us and we saw that safety checks had been undertaken prior to the person being employed. References and Disclosure and Barring (DBS) checks were completed to ensure that the prospective staff was of good character. The Disclosure and Barring Service is a national agency that keeps records of criminal convictions. This meant that the provider checked staff's suitability to deliver personal care before they started work.

People were responsible for obtaining and storing their medicines themselves however some people were supported with taking their medicines if required in their support plan. We saw that people had medication plans for staff to follow to inform them of how to support each person. Staff told us they had all received medication training and had been assessed as competent by a senior member of staff prior to administering medication alone. We saw systems were in place to monitor medication errors and action was taken to minimise the risk of the error occurring again.

Is the service effective?

Our findings

One person who used the service told us: “I worked in care years ago and the staff at Care Plus are really good”. People were supported by staff that were trained and effective in their role. The provider had implemented a new training plan and all staff were in the process of being refreshed or having initial training in all areas of care delivery. Staff told us they felt they had the skills to be effective in their role. A member of staff told us: “The training manager emails us to remind us we have to do a course on the computer”. New staff were automatically enrolled on the new care certificate which ensured they had the skills and knowledge to be able to fulfil their role. In addition staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

New staff had a period of induction and then ongoing support. Staff confirmed that they received support to understand their roles and responsibilities through regular supervision and an annual appraisal and that they found it beneficial. Supervision consisted of individual one to one sessions and group staff meetings.

People who used the service consented to their care and support. People and their representatives were involved in the planning of their care prior to being offered a service. One person told us: “Yes I agreed my own care”. We saw where possible people had signed their own care plans and

contracts. One person had a call planned for staff to cook an evening meal but this had proved unsuccessful, they told us they had changed the requirement of the call and were now happy with the way it was working out.

The provider was working within the principles of the Mental Capacity Act (2005) when supporting people to make decisions about their care. The manager gave us an example of how one person who they thought had capacity to make decisions was being stopped from doing something by a relative. The manager had explained to the relative that the staff at the service could not stop the person as it was their right to do so and that a mental capacity assessment would have to be completed to enable a best interest meeting to take place if the person was assessed as lacking the mental capacity to decide. The relative had understood and respected this and the person’s choice was respected.

Staff we spoke with knew what to do if they suspected someone was unwell. They told us that they carried a phone at all times and they were able to contact a senior member of staff for advice. One staff member told us: “I would ring the paramedics if it was urgent and wait with the person until they arrived”.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people’s individual needs. Some people lived with family members who prepared meals. Staff reheated and ensured meals were accessible to people who received a service from the agency. Other people required greater support which included care staff preparing and serving cooked meals, snacks and drinks.

Is the service caring?

Our findings

People who used the service told us they were well cared for. One person said: “You speak as you find. Staff are very, very good”; another person told us: “The staff are nice to me”. A relative told us: “The personal care is good and the staff are very nice”. One person told us that their carer was helping them to put up their Christmas tree as they had difficulty doing it.

People were encouraged to be as independent as they were able to be. One staff member told us: “[Person who uses service] is an inspiration they can do so much for themselves”. They went on to tell us how they supported the person to be independent by supporting them to transfer themselves from the bed to the wheelchair and by them using the grab rails to move around the bathroom.

People’s privacy and dignity was respected by the staff. We saw that staff rang the doorbell before entering a person’s flat. The person told us that staff always did this and that they supported them in a way which protected their dignity

when receiving personal care. Staff we spoke with told us how they protected people’s dignity by making sure people were dressed and covered appropriately when providing personal care so as to ensure their dignity was not compromised.

People’s confidential records were kept in their own homes and a copy was stored securely within the main office. Only relevant people were able to have access to the records and the provider worked within the guidance of the Data Protection Act to ensure people’s confidentiality was respected.

Relatives told us that they and their family members were involved in making decisions and planning their own care as much as they were able. Regular reviews took place with people and their representatives where people were able to discuss their care and whether they were happy with. The new manager had introduced themselves to people who used the service to ensure they knew who they were if they wished to discuss anything.

Is the service responsive?

Our findings

We saw that people's needs were assessed prior to them being offered a service. A senior member of staff was going out to complete a pre assessment when we inspected. Care was being delivered based on people's preferences. Care plans reflected people's likes and dislikes and helped staff to care for people in a way in which met their individual needs. The daily plan was called 'My day, My way' and it clearly recorded what support the person needed and the way they preferred it. Regular reviews of people's care were held to ensure it was still meeting their needs.

Staff we spoke with knew the people they provided care for and told us they checked people's daily care records and asked the person each time they visited them to ensure their preferences hadn't changed. When people's needs changed we saw that they were reassessed. Some people had been assessed as requiring more support than the provider could agree to and had to move to another service that had met their needs. This meant the provider was responding to people's changing needs.

People were able to change the times of their care calls based on their individual needs. One person had a call

planned for staff to cook an evening meal but this had proved unsuccessful, they told us they had changed the requirement of the call and were now happy with the way it was working out.

Most people knew how to complain. However a relative told us that they often left notes for the care staff as reminders of things that needed doing as they were unsure of who they needed to speak to. The provider and manager told us of they were in the process of sending out the complaints procedure again with the new management contact details on it. The new manager had recently attended a meeting at one of the housing schemes and introduced themselves. One person told us: "We asked for a post box in the reception and they have put one in for us".

One person told us: "I would like more consistency with the staff that come". The new manager told us they were in the process of looking at the availability of certain staff and trying to ensure that people had more consistency in their carers. Staff confirmed that discussions had been held about their work patterns to try and gain a regular call routine. This showed that the manager was responding to and acting on people's concerns.

Is the service well-led?

Our findings

There was a new manager in post from September 2015 who was in the process of registering with us. Staff told us that they had all met with the manager in meetings and felt positive about the changes they planned. The manager had drawn up an action plan of areas that they had identified as requiring improvement. We saw that action plan prioritised people's safety and staff support and we found that target dates on the plan had been met.

People we spoke with told us they felt the service was well managed. One person told us: "I had a recent change to my medication and that was really well managed". We saw that the nominated individual had investigated an incident of missed medication and had implemented a new risk assessment to ensure the person had their medicines as prescribed.

Staff told us that there was always someone available if they needed help or advice as there was an on call system. The provider monitored care calls through an electronic system and was able to identify any shortfalls in timekeeping or missed calls. Action was taken when an incident occurred and an investigation into why. The provider offered people a formal apology and reassurance following an incident.

The manager told us of their plans to recruit to four team leader positions which would ensure that staff had an identifiable line manager who could support them more closely. The team leaders would also be responsible for ensuring quality was being maintained through regular spot checks and staff observations, as although this was happening it was not as often as the manager would have liked. The provider had responded positively to the request for the posts and had agreed they could be recruited to. The nominated individual told us: "Care Plus are not in the business to make money, they want to be known for providing excellent quality care. We are aiming for outstanding".

Systems were in place to monitor the quality of the service. These included analysis of accidents and incidents and regular audits. We saw that action was taken to improve if areas had been identified and staff performance was regularly reviewed and action taken to support staff to improve if necessary. People's views were sought through satisfaction surveys and we saw that staff checked they were happy with their care during reviews. Results from the satisfaction surveys had been analysed and the manager was in the process of sending out the complaints procedure to all service users again as it had been identified that some people did not know who to complain to.