

Careplus Care (Uk) Limited

# Care Plus Care (UK) Limited

## Inspection report

35 Fleetgate  
Barton Upon Humber  
Lincolnshire  
DN18 5QA  
Tel: 01652 634707  
Website: harrisann@btconnect.com

Date of inspection visit: 20 & 23 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

Care Plus care UK Limited is a domiciliary care agency which is located within Barton upon Humber. The service provides personal care and support to people living in their own home.

The last full inspection of this service took place on 9 July 2014, where we found the registered provider was compliant with the regulations that we looked at. Before this inspection which took place on 20 and 23 November

2015 we contacted the registered manager to tell them we would be inspecting the service within 48 hours. This ensured that the registered manager could be present for our inspection.

The service is required to have a registered manager. 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.

# Summary of findings

Staff understood how to protect people from harm and abuse. They knew how to report abuse and told us they would report any issues to the registered manager, local authority or to the Care Quality Commission.

People's care records reflected their current needs. Staff understood people's needs and were aware of any potential risks to their health and wellbeing, or risks present within people's home environment assessments were completed for all areas of risk.

People received person-centred care based on their preferences. People's family were involved in the care planning process, where necessary. Staff contacted health professionals for help and advice to protect people's wellbeing.

Staff received training which helped them to look after people safely and develop their skills. The management team were available to advise and support staff at any time. They were provided with supervision and appraisals to identify training needs and discuss their performance. Staff were provided in sufficient numbers to ensure service delivery.

We visited a person who used the service. We saw that they looked well cared for. They confirmed that the staff took good care of them and met their needs.

People were supported to take their medicines as prescribed. Staff had received training in medicine management and administration following the North Lincolnshire County Council guidance.

Staff supported people to maintain their nutritional needs and assisted them to make choices regarding their meals. This ensured people's nutritional needs were met.

Staff understood that if people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 and codes of practice must be followed, which helped to protect people's rights.

There was a quality monitoring system in place. People confirmed their views were listened to and were acted upon. There was a complaints policy in place so people could raise any issues they may have.

The management team undertook audits and checks were carried out to observe how the staff delivered care to people. People's views were sought by means of regular questionnaires. Any feedback was acted upon to make sure people remained satisfied with the service they received.

# 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.

Staff knew what action they must take if they suspected abuse was occurring. This helped to protect people.

Risk assessments were in place to help protect people and the staff who worked in people's homes.

Staff supported people to take their medicines as prescribed, where necessary.

Sufficient staff were provided to support people's assessed needs. Staff were recruited in a safe way.

Good



### Is the service effective?

The service was effective.

Staff monitored people's health and wellbeing and gained help and advice from relevant health care professionals, where necessary.

People's nutritional needs were met.

Staff were provided with training to maintain and develop their skills. Staff received supervision and appraisals to help support them.

Good



### Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect.

Staff promoted people's independence and choice.

People told us that the staff undertook friendly banter with them. Staff we spoke with told us they treated people like they were family.

Good



### Is the service responsive?

The service was responsive.

People's care was person-centred and this was carried out to suit the person's preferences.

People's views and experiences were taken into account in the way the service was provided in relation to their care needs.

A complaints procedure was in place. People were able to raise issues which were dealt with.

Good



### Is the service well-led?

The service was well-led.

People were asked for their views about the service, feedback received was acted upon.

The management team were available to support people using the service and the staff at any time.

Good



# Summary of findings

There was an auditing system in place which helped the staff to monitor, maintain or improve the service that was provided to people.

# Care Plus Care (UK) Limited

## 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 registered 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 was announced at short notice so that the registered manager could be present. It took place on 20 and 23 November 2015 and was carried out by one adult social care inspector. Telephone interviews were undertaken with people using the service by an expert by experience. The expert by experience had knowledge and experience of using this type of service.

Before the inspection, the registered provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received this, appropriately completed and on time.

Prior to our inspection we looked at and reviewed all the intelligence the Care Quality Commission [CQC] had received. This helped inform us about the risk level for this service. This information was reviewed to help us make a judgement about the level of risk at the service. We also reviewed information received from the local authority commissioning team. There were no concerns raised about this service.

During our inspection we spoke with the registered manager, care co-ordinator and four staff. We visited a person receiving a service and spoke with them and their relative. We looked at the care records of four people who used the service which included care plans, risk assessments, assessments, medication records and the staff visit records.

We looked at records relating to the management of the service, policies and procedures, quality assurance documentation and complaints information. We also looked at staff rotas, four staff files, staff training, supervision and appraisal records and information about recruitment.

# Is the service safe?

## Our findings

All the people we spoke with during our inspection told us that they felt safe with the staff. They confirmed the service they received was safe and effective in meeting their needs. A person we spoke with said, "I have no worries at all when they [staff] are in the house." Another person said, "I generally get the same staff and I feel very safe with them." People told us that the staff were thorough about washing their hands before carrying out any personal care and that they were careful when assisting them.

Relatives we spoke with told us their relations were looked after well and the service provided was safe and met their needs. One relative said, "We have to have two carers because they need to use the hoist but they are really careful and make sure [relative's name] is secure before they move her. We have a twister [rotunda] which she can manage to hold on to get into the chair but they [staff] always stand one on each side of her to make sure she is alright.

We saw that the staff had undertaken training about safeguarding people from abuse and harm. There were policies and procedures in place to guide staff about what action they must take if they suspected abuse was occurring. Staff we spoke with confirmed they had completed safeguarding training and they were able to describe the different types of abuse that could occur. They all told us they would report any concerns straight away. A member of staff said, "I would notify the manager straight away of safeguarding issues." The registered manager confirmed there had been no safeguarding issues raised since our last inspection. They told us how they would report issues to the local authority safeguarding team for their investigation. There had been no missed calls to people receiving a service.

People who used the service had risk assessments in place relating to their health and wellbeing. This included the risk of falls, choking and use of medical equipment. Risk assessments were undertaken for people's home environments. This helped to inform the staff of any hazards present. Staff undertook health and safety and first aid training which provided them with the necessary knowledge and skills to help keep people safe. Staff were provided with identity badges for security and key codes to

people's doors were held securely. Staff were provided with personal protective equipment such as gloves, aprons and with bags to dispose of continence products, this promoted infection prevention and control.

Information was provided to staff about the support people needed with their medicines. The care records detailed the medicine prescribed and how and when medicines were to be administered. The registered manager undertook a regular audit of people's medicine administration records to ensure people were receiving their medicines as prescribed.

The registered manager and staff told us how they managed emergency situations. On the first day of our visit a person receiving a service had been unwell. We heard that staff had acted appropriately and had stayed with the person to support them, report the issue to the office and to relevant health care professionals. The registered manager told us if staff found someone unwell or there was an emergency situation staff would always stay with the person, contact the office and gain medical help and advice. This helped to protect people's wellbeing.

We saw that a business continuity plan was in place which gave instructions to staff about how to deal with situations such as a disruption to the delivery of the service, power cut or computer failure. We were informed that the registered provider could run the service from another of their services nearby. Phones could be diverted to allow people to get in touch with the staff. Staff rotas and calls to people were recorded on paper as well as on the computer so that the management team could make sure people received their calls. Traveling time was planned into the staff's rotas. People confirmed if staff were running late they received a call to inform them about this so they did not worry.

There was an out of hours on call system provided so that people using the service, their relatives and staff could gain help and advice at any time from the management team. Relevant information was available to the on call staff so they could be effective in dealing with any issues that arose. When staff were working evenings and weekends they phoned the on call member of staff to tell them their whereabouts and to inform them when they were going off duty. This helped to ensure the staff remained safe.

Recruitment processes included potential employees completing an application form, which enabled gaps in

## Is the service safe?

employment history to be examined. References were obtained along with a police check from the disclosure and barring service [DBS]. An interview was held and notes of the candidate's response at interview were kept. Decisions were made by two senior staff who to employ. Successful candidates were not allowed to start work until all their pre-employment checks had been received. This helped to protect people from staff who may not be suitable to work in the care industry.

When we looked at the recruitment files for staff we noted that for a member of staff a copy of their identification was not on file. This had been seen and checked by the registered manager at interview so their police check could be undertaken. The member of staff was contacted and this

evidence was brought in straight away to be placed on their file. The registered manager immediately implemented an audit of all staff files to ensure all relevant information was present.

The registered manager told us they took into account their staffing numbers and only took on the care packages that they knew the staff numbers could cover. This enabled the quality of the service was maintained. If necessary, the registered manager and management team working at the office were able to undertake calls to people. The management team told us they were available to help with calls in emergencies and when needed because they maintained their care skills.

# Is the service effective?

## Our findings

People we spoke with said the staff looked after them well. They confirmed that the staff knew what they are doing and met their needs. One person we spoke said, “They [staff] are all good. They change the bedding for me because I have a medical condition the staff never complain if they have to attend to me.” Another person said, “My carer is ever so thoughtful. I have one hour of cleaning once a week and she leaves the place spotless.”

Relatives told us their relations were supported by well trained staff. They confirmed they were contacted and were told of any care or health issues. A relative we spoke with said, “Someone always lets me know if they [staff] are going to be late, and I think it’s only happened three times in six years, so I can’t complain.”

People receiving a service and their relations told us it was very important that they get the same staff as far as possible because they were not comfortable with 'change.' Everyone we spoke with said that they nearly always got the same staff to attend to them apart from one person who said there was constant change. This person said, “I never know who is coming and I end up waiting for somebody to come. They’re all nice people [the staff] but I never know who will come through the door.” When asked about this further they told us they had not raised this with the service and did not wish too.

Staff understood the care and support each person needed to receive. An assessment of people’s needs was undertaken by the registered manager or senior staff. This allowed the support plans and risk assessments to be created in line with the person’s needs and preferences.

Information was present in people’s care files regarding the relevant health professionals involved in their care. Staff were able to contact them for help and advice, as necessary. Staff we spoke with confirmed they monitored people’s health during each of their calls. They told us they passed on any concerns on the person’s family and to their health care professionals, for example the person’s GP.

Some people were provided with support with their meals. We were told by staff that they monitored people’s dietary needs to make sure these were met. People’s support plans gave details of the texture or type of food required where people had known swallowing difficulties.

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. Staff we spoke with told us they had completed training in the Mental Capacity Act 2005 [MCA]. They told us how they discussed what care people wanted to receive and gained their consent before supporting to people. Staff we spoke with confirmed that if people lacked capacity relevant health care professionals and family members were involved in making relevant decisions to make sure people’s rights were protected.

A programme of training was provided for all staff. This included training in health and safety, infection control, food hygiene, safeguarding, first aid, medicine management and fire safety. Staff told us that other training about maintaining care records or about specific health conditions, for example dementia or diabetes was provided. This helped to maintain and develop the staff’s skills. We inspected staff training records and saw there was a training planner in place so staff who needed to have their training updated could plan this in a timely way. A member of staff said, “There is plenty of training, I am up to date. I have done first aid, health and safety, food hygiene, dementia awareness, medicine administration, equality and diversity and Mental capacity act and safeguarding training. Everything is renewed and we keep this up to date.”

We saw that new care staff completed an induction programme that consisted of shadowing senior care staff. Observation of their skills and practice occurred to ensure they were competent to practice. Only when they were assessed as being confident and competent were they allowed to attend to people by themselves. Recently employed staff that we spoke with confirmed this system of support was in place. A probationary period had to be successfully completed before the registered manager was able to confirm the member of staff would continue to work for the service. The induction programme was being updated to include the care certificate standards; this has to be completed now for all new staff working for the service.

## Is the service effective?

Staff received a staff handbook, which included information about confidentiality, codes of conduct and terms and conditions of employment so that employees knew what was expected from them. The handbook was being reviewed and a new edition was being created to make sure all the information contained within it was current.

Staff received supervision by the senior staff at the service. We inspected the staff supervision records we saw staff discussed any training or support needs they had. Yearly

appraisals took place. This allowed the management team to give formal feedback to the staff about their performance. The staff told us they found these sessions helpful. The supervisions and appraisals were booked into the diary so that all staff undertook these.

The office was located within Barton upon Humber. People who wished to visit the office could do so. There was an area provided for private conversations. We saw that some people or their relatives did visit the location. Parking was available on street or in local car parks nearby.

# Is the service caring?

## Our findings

People told us they were well cared for and they said the staff were polite, kind and respectful. Comments we received included: “They [staff] do anything and everything and are always cheerful. My only worry would be if I had to go to a different company because this one is so good.” “My member of staff goes the extra mile. Nothing is too much trouble and I couldn’t do without her.” and “I wasn’t very happy about having people do some things for me, like helping me shower, but they [staff] are so good and really respectful so I’ve got used to it now.”

A relative we visited told us that the staff treated their relation and themselves with care and compassion and promoted their privacy and dignity. Other relatives commented: “The carers are lovely people. They honestly are just brilliant. “[Relative’s name] can’t cope with loud voices or noise and the cares are aware of that so they speak very softly to her.” “I feel included with [relative’s name]. You can soon feel helpless if you can’t look after somebody but they [staff] make me feel just as important.” and “They [staff] are just marvellous and they always ask how I am as well which is nice.”

A relative we visited told us the staff ensures they had everything they needed. They said, “[name of staff] does lots of extras for me, for example, if I cannot get my prescription in she takes it for me.” They went on to say, [name] enjoys a bit of banter. We have the same staff, we know them well and feel comfortable with them in the house.”

Staff we spoke with said they treated people as they would wish to be treated. We were told by all the staff we spoke with that they understood the importance of providing attention to detail during their calls to people. They said friendly banter occurred with people who enjoyed this. Staff told us they introduced themselves to people and spent time with them to make sure they had looked after them in line with their preferences. This helped people to feel cared for. A member of staff we spoke with said, “I have got some fantastic service users.” Another said, “We are one big happy ‘family.’”

A member of staff told us in detail how they helped people new to the service feel less anxious, they said, “With clients I give them choices, I treat them and their property with respect. Any concerns I phone the office. I like to be as happy as possible around people, this helps to cheer them up.”

The registered manager told us that they provided continuity of care which helped staff develop a bond with the people they supported. They said due to care being delivered to people by small teams of staff they were able to note any subtle changes in people’s needs or condition and these changes were acted upon. We saw that people’s support plans informed the staff about their preferences for care and they contained details about how people may communicate their needs.

We were told by a relative we visited that their relation was encouraged to try and do things for themselves even though they were dependant. They said the staff were patient and gave them choices. For example, about how they wished to spend their time and what cloths they would like to wear. Staff made sure their wishes were acted upon and respected.

People who used the service were provided with a ‘contract’ which contained information about the registered providers fees and standard of service to be supplied. Information was in place about the provision of equipment and whose responsibility this was. Staff had to read and sign a confidentiality policy. The registered provider had policies and procedures in place to inform the staff about the importance of treating people with dignity and respect and valuing their diversity.

The registered manager told us there was a dedicated team of reliable staff who went the extra mile to support people. For example they gave an example of a member of staff noticing a person was running out of bread so went shopping for them and dropped this in. We saw a member of staff went out of their way to take fish and chips in to people because they enjoyed this.

# Is the service responsive?

## Our findings

People receiving a service said they were supported appropriately by the staff who responded to their needs. People confirmed they were able to discuss their requirements and said they were visited regularly to see if there were any changes needed to their care or support. People confirmed they are able to make their own decisions about their care. One person said, “What I do like is the way they always ask if I want something doing. They don’t tell me what to do, they always ask. For example if I’m not feeling too good in the morning they take more time and ask if I want to have another lie down. Sometimes on a weekend, I do.”

Relatives of people using the service said they were satisfied that the staff and management team responded to their relations needs in a timely way and supported them well. One relative said, “If they [staff] notice anything, like if [relative’s name] has a water infection they always let me know that I need to call the doctor.” Another relative said, “I know they [staff] are good because [relative’s name] speaks highly of them and she would soon tell me if anything was wrong. They [staff] do respond to her changing needs. There are days when she is better than others and might want to do something for herself and they [staff] gently encourage her while making sure she is safe.”

People we spoke with using the service and their relatives said they would be able to raise concerns or complaints in the knowledge they would be addressed. A relative said, “I was involved in every step of organising [relative’s name] care plan. I just can’t fault them [the agency].” We saw that the senior staff at the service undertook an assessment of people’s needs at the start of their service. People and their chosen representatives were involved in this. Information was gained where appropriate, from relevant health care professionals. Information was gained from the local authority if the care package was funded by them. All of this information was used as a base line by the staff to develop person centred support plans and risk assessments which contained people’s individual preferences likes and dislikes, in relation to their care. This ensured that the staff understood people’s needs and what was required of them.

During our visit we saw that health care professionals were informed by staff about people’s changing needs. People’s care records contained phone numbers for doctors, district

nurses and other relevant health care professionals who were supporting them. A member of staff we spoke with said, “We record everything we do in the service user’s notes any changes or deterioration in a person’s health is reported straight away to the office. Care plans and risk assessments are up to date. The senior staff carry out changes to these documents straight away.”

We saw that, where necessary, people’s nutritional needs were assessed at the start of their service. These were kept under review by the staff who we saw alerted relevant health care professionals to issues to make sure people’s dietary needs were being met.

Staff we spoke with confirmed that as a person’s needs changed their care records were updated. Staff told us how the senior staff reassessed people’s needs to make sure people received the care they needed. This was confirmed by the care records we inspected and by the staff who described in detail how different people preferred to be supported.

People’s care records contained information about equipment that people had been assessed for which helped to maintain their wellbeing. For example, we saw pressure relieving mattresses and hospital beds were in use for people who were at risk of developing skin damage due to being frail or immobile. The staff monitored equipment and reported to the supplier if there were any faults with it so it could be fixed.

People had ‘task sheets’ present in their care files. These told the staff in details about all the care and support required during each call of the day. They described step by step how their specific health care needs were to be met. Once people had been attended to by the staff a record of the care that had been delivered to them was made in the person’s care notes before the staff left.

There was a complaints policy in place which everyone using the service was provided with. This contained detailed information about how to make a complaint to the registered provider and other agencies, such as the local authority and Care Quality Commission. The timescales for dealing with issues raised was present along with confirmation that the outcome of any issue raised would be discussed with the complainant. We looked at the complaints information which had been received we saw issues raised were acknowledged and addressed.

# Is the service well-led?

## Our findings

During our inspection the people we spoke with told us they were happy with the service they received. One person said, “I never have to ring the office because everything is just alright.” Another said, “There was once when I asked my carer if I could cancel two evening calls over a weekend when my son was staying with me. I wasn’t sure if I could or not or how to go about it but I didn’t have to do anything because the staff sorted it out for me.” Another said, “I would recommend this company to anybody who asked.” People and their relatives told us they were happy with the service.

Relatives of people using the service told us they thought the service was managed well. A relative said, “It is very well managed – very professional”. One that we visited said, “It is so nice the staff are local, the service is reliable, we get a prompt reliable service. All the staff give one hundred and ten percent. We are very happy with the service. The manager makes herself approachable the agency works well and provides a reliable effective service.”

We observed that the registered manager was available for people, relatives and staff to speak with. There was a managerial structure in place which staff understood. The service was maintained at a level where there were enough staff to be able to provide continuity of care and a consistent service. The service delivery was provided mainly to people in the Barton upon Humber area and staff were local so were able to be flexible with the service they provided. The registered manager covered calls to people which allowed them to assess how staff worked and to monitor the quality of the service provided.

Staff we spoke with said they felt supported by the management team. They confirmed they felt able to raise any issues in the knowledge they would be addressed. All the staff said they would not want to work anywhere else. One member of staff said, “The management are very approachable and helpful. They do all they can to help me.” Another said, “We never have any problems all the care staff and senior management team support each other. We can speak with them at any time. There is an on call system manned by [the names of the senior management team] Always regular senior staff who know the issues.”

The staff we spoke with all said they felt informed due to the handover of information whilst they visited the office and said there were occasional staff meetings, which were held to keep them informed about important issues.

The management team monitored the quality of the service provided by undertaking audits of the care files and, medication administration sheets. Any shortfalls identified were addressed. An incident and falls analysis audit was introduced at the time of our inspection along with a staff file audit to enhance the monitoring in place. North Lincolnshire County Council had assessed the quality of the service earlier in the year and provided them with a ‘good’ rating.

Information held about people and the service’s staff was held securely in the registered provider’s office. Information held on computers was password protected to prevent unauthorised access which ensured the Data Protection Act was adhered to.

The senior staff undertook observations of the staffs practice. These observations were known as ‘spot checks’. During these the senior staff assessed how the staff obtained consent to provide care to people and observed how this was delivered to people. They also monitored the staff’s communication skills, uniform, attendance times and their record keeping skills. Any issues found were reassessed and monitored further using the staff supervision process.

We saw care files were checked monthly and updated more frequently when people’s needs changed. The registered manager completed a monthly quality and assurance check of people’s care records this information was shared with the senior management team.

Quality assurance surveys were undertaken to gain people’s views about the service they received. We looked at the results of the last survey undertaken. We found these results were positive. We saw the service received letters and cards from people thanking them for the quality of service they had received.

The registered manager told us they were always thinking of ways to improve the service. For example in the provider information return [PIR] it stated that the quality assurance system was being changed so that surveys would be given to a small number of people using the service each month. This system had been implemented and the management team felt this was more effective because they were

## Is the service well-led?

changing the questions to get a more detailed and timely response about how people felt about their service. Other improvements were also underway; staff were undertaking a further training course in diet and nutrition to help

maintain and improve their skills. And the registered provider was updating the computer packages within the office to ensure the smooth running of the service was maintained.